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“International Migration Intentions in the next Generation of Malawian Nurses: Insights and Policy Suggestions from an Exploration into the Biographies and Life Plans of Bachelor of Nursing Graduates in Lilongwe”

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“I don't want to be an average person, I want to be somewhere.”¹



WHO (2011)²

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¹Male Bachelor of Nursing student (Interview P5M, 7)

²<http://www.who.int/hrh/migration/migration/en/index.html>

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ABBREVIATIONS

BSc	Bachelor of Science
DFID	British Government's Department for International Development
DHO / DNO	District Health Office(r) / District Nursing Office(r)
EEA	European Economic Area
EHRP	Emergency Human Resource (for Health) Programme
GCP	Global Code of Practice for the Recruitment of Health Workers
GDC /GIZ	German Development Cooperation / German Organisation for International Co-operation
GoM	Government of Malawi
HR(H)	Human Resources (for Health)
ILO	International Labour Organisation
IMG	International Medical Graduates
InWent	Capacity Building International, today part of GIZ
IOs	International Organisations
KCN	Kamuzu College of Nursing
MCM	Medical Council of Malawi
MDGs	Millennium Development Goals
MoH	Ministry of Health Malawi
MoL/ SoL	Ministry of Labour Malawi/ Secretary of Labour Malawi
MSc	Master of Science
MSCE	Malawi School Certificate of Education (Secondary Education Level)
NHS	National Health Service of the United Kingdom
NGO	Non-governmental Organisation
NMCM	Nurses and Midwives Council of Malawi
NMC-UK	Nurses and Midwives Council of the United Kingdom
NORAD	Norwegian Agency for Development Co-operation
OECD	Organisation for Economic Co-operation and Development
PHD	Doctorate of Philosophy
SADC	Southern African Development Community
SWAp	Sector Wide Approach (Development Cooperation Initiative)
UNIMA	University of Malawi
VSO	Volunteer Services International
WHA / WHO	World Health Assembly / World Health Organisation
ZAR	Republic of South Africa

INTRODUCTION

This thesis deals with intentions and images of international migration³ in the life course visions of the next generation of degree nurses in Malawi. It aims to contribute to research and policy development on international migration of nurses from a biographical perspective and in the context of a developing country with a serious human resource for health shortage.

The study is based upon the findings from an exploratory qualitative research conducted in autumn 2010 with bachelor's degree students from the Kamuzu College of Nursing in Lilongwe at the time of their final graduation. The investigation explored in group discussions and in-depth interviews the interwoven concepts of life and migration in the students' biographic and career choices and their life planning.

The paper divides into four parts. Part A describes the background of the study, summarizing in a first step the global context of international migration of health workers from developing to developed countries, in a second step the patterns of nurse migration that have emerged from previous research on (in particular African) health workers' migration intentions and in a third step the Malawian context of nurse migration including the country's human resource for health challenges and policy interventions and quantitative trends as well as qualitative patterns of Malawian nurses' international migration.

Part B provides an outline of the research project, presenting the research design, the conceptual perspectives and approaches drawn upon and the methods as well as limitations of the data collection and analysis.

Part C contains the discussion of research findings and is organised along the students' visions about different areas of the life plan. Introductory an overview about main characteristics of their life plans is given, highlighting underlying self-identities and scripts of life and identifying six central biographic horizons. In the following sub-chapters the reasoning about and function of migration prospects is analysed for each of these biographic horizons, with particular emphasis being given to the professional life project. The analysis situates the findings from the graduates' biographical stories and life plans into relevant contexts of self-identities, scripts of life and development as well as social and historical conditions. To condense the analysis at the end of the chapter, I provide firstly a compilation of the main analytic areas and findings; secondly those are discussed regarding their consequences for biographic potentials of retention, migration and return.

Part D addresses the political consequences of the study findings. On the basis of Malawi's current policies, reviewed against the international policy agenda of health workers' migration from

³From here onward *migration* always refers to international labour and student migration, unless otherwise specified.

developing countries, it identifies fields of action that could be considered by policy makers aiming to address the challenges and potentials of nurse migration.

The conclusion of the paper presents the contribution of the study findings to the literature on migration of Malawian nurses and looks towards areas of further study interest.

A BACKGROUND OF THE STUDY

1. The global context

“There is a global shortage of health workers, with some of the most serious shortfalls occurring in sub-Saharan Africa, where the situation reflects the devastating impact of HIV/AIDS on health workers, accelerating labour migration and the legacy of underinvestment in human resources.” (Mangham 2007, 1)

As health care delivery is by nature a labour-intensive field, in particular in resource scarce settings, the supply with human resources for health constitutes a critical input for the performance of health systems in developing countries (Mangham 2007). This human resource supply is currently facing a systematic and global crisis in which already existing shortages are projected to severe, following a global trend of increasing demand and decreasing availability (Buchan 2008).

The Joint Learning Initiative (2004) outlined three major reasons: A neglect towards investment needs for human resources for health, the emergence of a global market for most cadres of health workers and the HIV/Aids crisis. The second and third reason hit poor countries in Sub-Sahara Africa particularly hard: Austerity politics in the face of the financial and socioeconomic crisis have shaped health system reforms in many African countries since the 1980^s, leading to a lack of resources to finance staff and offer adequate working conditions (Omaswa 2009) and, as a consequence, reducing the countries' competitiveness on the global market of health workers in terms of the offered working and living conditions. An increasing burden of disease, in particular but not solely resulting from the spread of the HIV/AIDS epidemic since the 1990^s, has severed the working conditions of African health personnel on the ground. These conditions and lacking resources and capacities to recruit, train, manage and retain their workforce have driven the health systems of vulnerable countries like Malawi into a serious health worker shortage.

At the same time the demand for health workers in OECD countries has been increasing due to a chronic underinvestment in the training and retention of the domestic workforce and a growing ageing population to be cared for (OECD 2008). In order to cover this demand, several OECD countries like the UK and the USA have been relying increasingly on international health workers, in particular nurses and physicians from overseas countries (ibid.). Active, often aggressive recruitment practices have attracted an alarming share of the nursing workforce from African countries with serious shortages of health workers to “move west” (Mills et al. 2008).

While those dynamics reflect how migration of the health workforce inscribes into the current *conditions of health systems* worldwide, a broader understanding of the phenomenon is gained with regard to the *historical and colonial context* of health workers' migration on the one hand, an increasing mobility of highly skilled professionals in the *context of globalisation* on the other hand.

International migration of health workers is an old phenomenon that has become a matter of global scale throughout the last two decades, when its patterns have seen considerable changes. Already in 1948, with the establishment of the UK National Health Service, local selection committees for the recruitment of nurses and midwives were founded in many British colonies in Africa (Likupe 2005). The sending of Filipina women to the USA to be trained as nurses started only one decade after the U.S. take-over of the island (Schultheiss 2010) and has continued into the postcolonial times: Today the Philippines are the major source country of international nurses, and have encouraged nurse migration politically as a means to fight unemployment and raise the national income in remittances. The substantial contribution of overseas nurses to their home countries'⁴ national income has even led to an economic dependence on their steady "export" and to the formulation of bilateral agreements with major destination countries (Manning and Sidorenko 2007).⁵

First concerns about a medical *brain drain*⁶ date back as early as the 1950^s and 60^s, when the extension of welfare states led to a first wave of immigration of doctors (and to a lower extend nurses) in particular to Australia, Canada, Germany, the United Kingdom and the USA (Bach 2003).⁷ In many countries of the global South the colonizers have introduced modern nursing and South-North migration of health workers has traditionally focused prominently the colonizers' countries (Alonso-Garbayo and Maben 2009; Raghuram 2008). Beyond this colonial linkage, patterns of international nurse migration had long taken the shape of South-South or North-North migration respectively, while South-North mobility among nurses, as well as the migration of other mid-level health cadres, have gained importance only recently (Kingma 2007). Since the late 1990^s the phenomenon of relatively large-scale health worker migration has furthermore extended to

⁴ The terms *back home* and *home country* differ from the more often used expressions *source country* and *country of origin* in suggesting a strong social relatedness between the migrant and his or her national community as a *home*. This suggestion is not necessarily capturing the relation between migrants and their origin appropriately. This said, the term *home* will be applied in this study as it was found to reflect the study participants' reasoning about and references to Malawi more adequately than the common technical terms.

⁵ Despite the economic benefits of this migration and a regulating policy body, migration of Filipino Nurses is also generating several challenges - for the domestic health sector and society and for migrants' rights alike. (Joint Learning Initiative 2004) However, the Philippines give an example of a country actively managing migration, promoting outmigration of health workers and international agreements with receiving countries.

⁶ The term *brain drain* reflects the idea that the migration of skilled professionals necessarily implies an economic and social loss to their country of origin. Contrariwise, *brain gain* is referred to, when the benefits of skilled migration to the country of origin are in focus, created e.g. via remittances and international social and business network or, in the case of circular migration and return, higher qualified and internationally experienced professionals enriching the local workforce.

⁷ In countries like Cuba and India and the Philippines even large-scale outmigration of doctors is common since the 1970^s already (ibid).

countries, several in Sub-Saharan Africa that had seemed to be fairly immune against it in the past. Those countries were now drawn into the dynamics of an increasingly integrated global labour market, to which migration had become a “*significant and volatile component of human resource planning*” (Bach 2003, 7). Today, nurses' migration is part of the global labour mobility among highly qualified professionals in general (Zlotnik 2003). While female nurses represent a considerable share in the migration of qualified women, nurse migration reflects the overall dynamics of migration of the highly skilled quite closely:

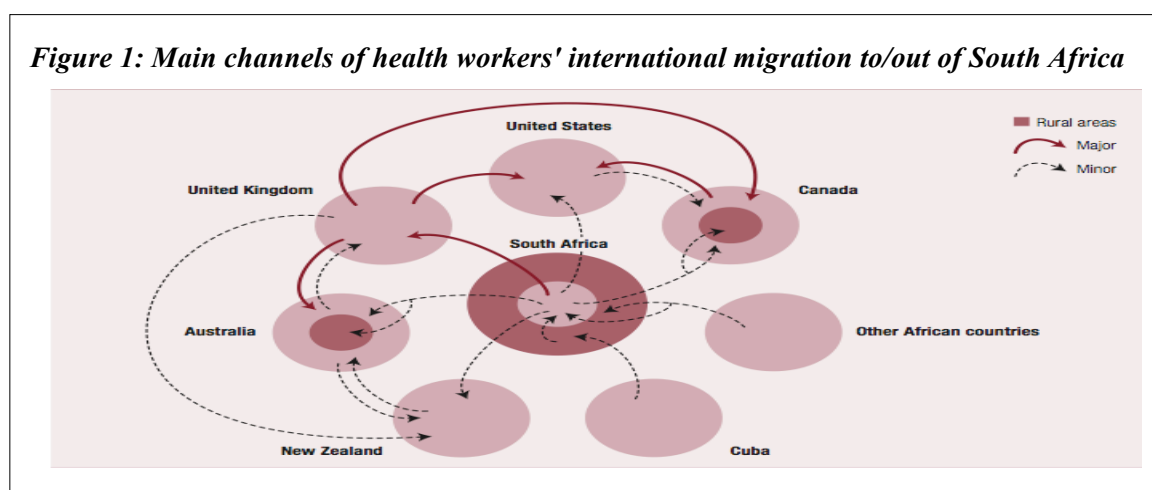
“Comparing the share of foreign-born doctors or nurses to the share of foreign-born in professional occupations or PhD holders shows that migrant health professionals are generally not overrepresented (see Dumont and Zurn, 2007). The higher the percentage of foreign-born among highly-skilled workers is, the higher it is also for doctors and nurses.” (OECD 2008, 30)

This review of the global background of nurses' migration from Sub-Sahara Africa points to the interaction of global and local health markets as well as overall migration trends as determinants of nurses' migration. It suggests that historical continuities can be of importance in approaching the migration prospects of future generations.

2. Factors and patterns of nurse migration

„If something is in abundance, it is reasons to move.“ (Arango 2000, 293)

Regarding the patterns of international migration, research has highlighted the variety and complexity of migration streams, including migration chains, temporary and permanent return migration, remigration and transnationalism⁸ (Arango 2000; IOM 2010; Haour-Knipe and Davies 2008; UNFPA 2006). Figure 1 shows the interlinking of streams of health workers' migration for the case of South Africa.

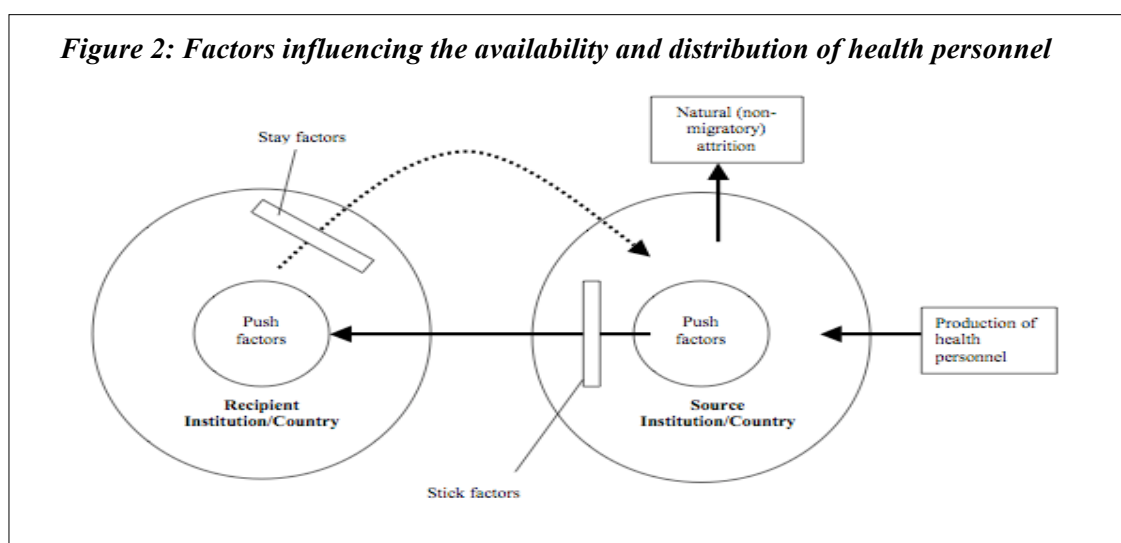


(Source: adapted from Dumont and Meyer 2004 in Joint Learning Initiative 2004, 104)

⁸The concept of transnationalism refers to the social dynamics and flows of information and resources that establish between migrants and their communities of origin. It accounts for the multidirectionality of migrants identities and social spheres of reference, as well as for causes and consequences of migration that may not be localized in one country or in another but emerge from spaces of inbetweenness (Luethi 2005).

It highlights the multi-directionality and the chain character of migration and points out that the UK (the main recipient country of South African as well as Malawian nurses) tends to be a country of transition rather than destination.⁹ Regarding the migration of women occupied as care workers (nursing, caring for the elderly, nannyng etc.), the concept of *care chains* is used to describe that gaps left behind by female migrants tend to be filled by female care workers from other, often less wealthy countries. In this dynamic the negative effects of female migration accumulate in poorer countries while hierarchies of gender and class are reproduced in the global context (Joint Learning Initiative 2004; Parreñas 2001; Smith and Mackintosh 2007). Though some dimensions of this concept apply more closely to the context of unqualified care work, the existence of care chains between nurses e.g. from Malawi, South Africa and the U.K. is a documented phenomenon, through which the social effects of global nurse migration are passed on to poorer countries.

Though this study is limited to the migration of health workers between countries, international mobility often builds on previous internal movement from rural to urban areas and from public to private health systems. Furthermore, international mobility follows similar educational, occupational and economic drives, though the resource input and the expected benefits tend to be higher in the course of international migration. Accordingly, when a decision to move abroad is made, the push- and/or pull-factors involved are usually stronger (Padarath et al. 2004). From a national health system's perspective, four interacting factors have been identified, which encourage and inhibit the availability and movement of health personnel, pointing to the attractiveness of source and recipient institutions and countries (push and pull factors), social, financial or legal borders (stick respectively stay factors) and the context of training capacities (production) and attrition due to other reasons:



(Source: Padarath et al. 2004, 13)

⁹ Further studies have highlighted similar dynamics among UK's overseas nurses from other Southern African countries as well as from the major source countries (India and the Philippines) (Buchan 2008; Alonso-Garbayo and Maben 2009).

The perspective of this model is however limited, as the options of remigration, chain migration, temporary return and transnational activity are not included. A more detailed summary of relevant aspects in these areas, outlined by the research on international migration of African health workers in general and nurses in particular, is given in Annex I: Table 1 and Figure 1. The overviews give visibility to the variety of factors shaping the process of migration decision-making but it should be kept in mind that the *interaction between* the different variables as well as their *social and individual connotation* seem to be of importance in understanding why and how migration takes place: Studies on nurses' intentions to migrate reveal e.g. an ambivalent importance of family, personal and social aspects in decisions to move (Larsen et al. 2005; Buchan et al. 2006; Grigulis 2010). The theoretical literature on migration informs on several relational categories, bridging and underlying such categories.¹⁰

Firstly, decision-making for migration may result largely from a household, not an individual intention or strategy and gender can make a considerable difference in such collective decision-making processes (DESA 2006). Regarding the migration of overseas nurses, including Malawians, it has been highlighted that in particular older nurses work for back home and seek migration as part of a family economic strategy (Aboderin 2007; Larsen et al. 2005; Alonso-Garbayo and Maben 2009; Grigulis 2010).

Secondly, migrant communities and networks may play an essential role in assessing the viability of migration, choosing a destination and organizing a migration project, as has been documented e.g. for Indian and Filipina nurses in the UK (Alonso-Garbayo and Maben 2009). Establishing transnational social spaces, they shape the social perception and imagination of migration as a cultural attribute, strengthening the continuity of migration streams over time and instituting migration as a community value, to which the coming generations are expected to conform as well:

“At the community level, migration becomes deeply ingrained into the repertoire of people's behaviors, and values associated with migration become part of the community's values. For young men, and in many settings young women as well, migration becomes a rite of passage, and those who do not attempt to elevate their status through international movement are considered lazy, unenterprising, and undesirable.” (Massey et al. 1993, 453)

Thirdly, South-North migration is oftentimes shaped by the historical experiences and relationships of colonialism and by images about the *developed* as compared to the *developing* world (Arango 2000). Colonial and cultural ties have been elicited as an important background e.g. in understanding the culture of nurse's migration from the Philippines (Alonso-Garbayo and Maben 2009; Schultheiss 2010). Grigulis (2010) has illustrated the links between nurse migration and the social and political situation during different historical periods in postcolonial Malawi, pointing to

¹⁰ The further literature review draws in particular on research related to nurse migration from different source countries in Africa to the UK, but includes also more general perspectives.

the limitation of any migration model to the conditions of a specific socio-political context given at a particular point in time.

From individual stories of motivations, expectations and reasons for migration, an abundance of intangible constellations emerges, interweaving the structural factors listed above with the individual biography (age/life stage, social and cultural provenience, life style, self-identities and future visions) into an imagination about the benefits of migration. In an attempt to categorize these individual constellations, Kingma has distinguished five types of migrant nurses: Economic migrants (attracted by better standard of living), quality of life migrants (interested in safety and wellbeing), career move migrants (motivated by enhanced career opportunities), partner migrants (following their partner) and adventure migrants (using their nursing qualifications to finance travel to a destination country to gain new experiences) (see Kingma 2006 quoted in Campbell and Nichols 2010).

A broad variety of factors, dynamics and concepts of nurse migration has evolved from this review, building a frame of reference and embedding of individual intentions to migrate, focused in this study and allowing to contextualize and discuss the empirical findings with regard to the global perspective on the migration of nurses.

Beyond the individual research perspective on nurses' motivations to move, the migration of health workers has been discussed in migration studies from a structural perspective as a political and economical phenomenon. Within the development policy discussion the migration of highly qualified medical professionals has become the prime example for *brain drain*, i.e. the conceptual approach towards mobility of the highly qualified that highlights the losses and negative consequences on developing source countries. Those tend to be more tangible and non-tradable in the labour and skill intensive health system than in other areas of the economy (Vinokur 2006; Skeldon 2005). At the same time it is regarded as a general pattern of (in particular early) migration streams that they are selective to the highly skilled and educated. The migration of the most educated to national and international centres is seen as a factor that increases the unequal relations and productivities between peripheral and central regions within a country as well as internationally, as has been argued by the world-system-theory of migration (Massey et al. 1993).

At the same time the concept of *brain drain* as well as the question whether international migration of the highly-skilled is to be regarded as a loss or a gain to a developing source country have been discussed critically and controversially under economic, sociological as well as political development perspectives (Skeldon 2005). Firstly, the related studies have called into doubt that health workers' migration has a negative impact on health indicators and pointed to positive effects on educational investment in the country (Bhargava, Docquier, and Moullan 2011; Docquier and

Rapoport 2011; critics: Mundt 2011). Secondly, they have jeopardized whether a methodologically individualist and nationalist approach, arguing that it reduces the multidirectional mobility, activity and relatedness of highly-skilled migrants to the question whether an individual stood in the borders of a nation or not, ignoring the global systemic dimension of the phenomenon (Vinokur 2006; Skeldon 2005). Thirdly and related to the previous point, the debate has put forward the concepts of *brain gain*, accounting for the potential of qualified migrants to generate positive effects on development in the country they left – as diaspora activists¹¹, as agents in transnational networks or as skilled temporary returnees (ibid.); as well as the concept of *brain circulation* (see Tung 2008), highlighting the persistent mobility of the highly-skilled between different destinations, including their home country, that may create an international pool of human talents to the benefit of all source and destination countries.

Those new concepts have also been criticized from different angles: Firstly it has been pointed out that *brain gain* effects do not emerge automatically but depend on political conditions. According to findings of Docquier and Rapoport (2011) from a broad review of economic studies, source countries can generate gains from migration of the highly skilled. However, it depends fundamentally on the source countries' public policy and ability “to capitalize on the incentives for human capital formation in a context of migration and seize the global benefits from having a skilled, educated diaspora” (ibid., 51) if the country will loose or gains.

Secondly, it has been doubted whether in the case of medical migration¹² these dynamics could gain the same strength and benefits as e.g. in the context of IT-professionals (Skeldon 2005; Vinokur 2006). Contrariwise, some authors point to the necessity to capture medical migration as a modern phenomenon of *brain circulation* of the highly skilled and to recognize the existing contributions of active medical diasporas (ibid.; IOM 2007; for Malawi: Grigulis 2010; Lwanda 2007).

According to Faist and Reisenauer (2009) the new acknowledgement of the *brain gain* potential of migration reflects a paradigmatic change of the political and scientific approach towards migration, described as a “*migration-development mantra*” (ibid., 2).¹³ From a discourse analytical perspective, the authors warn that the new mantra may rather be regarded as a reflection of political interests and societal discourses in the global North than as a new scientifically grounded insight into the *migration-development nexus* that would enhance developing countries' profit from migrations of the highly skilled.

¹¹ In migration studies the term *diaspora* is commonly referred to when talking about formal or informal groups of migrants who relate to and engage with their home country, e.g. by funding institutions, opening businesses or social organisations, making investments or engaging in political processes.

¹² The debate tends to focus physicians or highly qualified health professionals. As the nurses approached in this study are trained academically with internationally recognized qualifications, they fall into this discussion context.

¹³ Faist and Reisenauer (2009) argue that the scientific discourse on the *migration-development nexus* has been reshaped in recent years by a political discourse that establishes a new *migration-development mantra*, conceptualizing migration as a solution, rather than a problem of development.

3. The Malawian context

Approaching international migration from Malawi requires to take into account existing data constraints and biases of the existing research: Generally speaking, the available data on Malawian nurses' international migration during the last decade is far from appropriate to give a reliable picture of the scale, patterns and destinations of outmigration, while data on return migration is not available at all.¹⁴ Due to the lack of comprehensive data especially on recent nurse migration from Malawi, research is obliged to go back to less confidential sources, mostly to the register for “certificates of good standing” held by the Nurses and Midwives Council of Malawi (NMC) ¹⁵. Beyond different technical constraints, a serious limitation of this register is that it only serves to give an idea of the *migration potential* among nurses, while it does not indicate real outmigration rates. Additional to the data problem, Malawian research on the international mobility of nurses suffers from a bias towards the emigration side. This bias explains with regard to the political concern about the effects of health workers' “*brain drain*”, severed by the observation that the Malawian nursing sector seems to be situated at the end of a labour migration chain.¹⁶ Notwithstanding the reasonable background of the “care drain” concern, contributions of international volunteers and an unknown number of returnees risk to be underestimated or even made invisible by the research focus on emigration - despite the considerable share of international volunteers in the countries' health workforce¹⁷: Since 2006 international nursing volunteers coming to Malawi are outnumbering Malawian nurses seeking to work abroad (see Annex I: Figure 2a) and b)).

Malawi currently counts with a highly insufficient health workforce for its fast-growing population. The shortage of health personal constitutes a major constraint to the improvement of health care and the achievement of health related MDGs: E.g. the provision of HIV/AIDS related treatment, safe delivery, maternal and child health at birth and the introduction of an essential health package, meant to bring the poor population access to basic care, would require a far larger health workforce, in particular of nurses (McCoy, McPake and Mwapasa 2008; Joint Learning Initiative 2004). Being the mainstay of health care provision in the country, nurses are trained in higher number than other cadres and serve at the bedside as well as in the management of health facilities, where experienced

¹⁴ Professional registers in Malawi do not include this information and the register of nurses working in Malawi is not connected to the register of nurses seeking to go abroad.

¹⁵ The manually kept books of the NMC registration office document each nurse who received a certificate, required to register with the NMCs in the respective destination countries and obtain a permit to practice as a qualified nurse there. The low quality of this source became obvious to me in a review of the books for 2004-2010, finding that it was prone to double-counting and incomplete information. The register does not inform about the current country of residence of the applicant. The in-charge of the office advised that throughout several years it was popular among nursing graduates to register, in order to be prepared if chances would show up.

¹⁶ There is no evidence that the (in majority female) lifetime-immigrants in Malawi (NSO 2010) engage in the nursing field.

¹⁷ In 2003 the Medical Council of Malawi (MCM) registered 252 doctors of whom 51.2% were Malawian and 48.8% non-Malawian. Only 35.7% of the doctors had obtained their initial medical education in Malawi (Muula 2006-1). In 2009 265 physicians were practising in Malawi, however more than a forth of them were international volunteers (DFID 2010).

or well qualified nurses are often the in-charges of whole hospitals, especially in rural areas. As physicians are particularly rare, nurses are attributed more responsibility for the actual provision of health services than in the European context. The gender balance within the Malawian nursing workforce still reveals a strong dominance of women (see Annex I: Figure 4), while among physicians the ratio is reverse (Muula, Nyasulu and Msiska 2004-1), reproducing a patriarchal social hierarchy in the hospital setting.

Taking the perspective of the Malawian health system, international migration represents only one among several factors of the health workforce crisis, next to low and unstable training rates throughout many years, high attrition and an insufficient number of established posts.¹⁸ Understanding the importance of international migration however requires also to acknowledge that already minor migration of nurses may cause severe consequences to the health system: In 2002, when 75 Malawian nurses newly registered with the UK Nurses and Midwives Council (NMC UK) this accounted for a loss of almost 12% of Malawi's overall domestic nursing workforce (Ross, Polsky and Solchasky 2005).¹⁹

In response to the human resource for health crisis, an Emergency Human Resources Programme (EHRP) has been in place from 2004 to 2010, as a joint initiative of the Ministry of Health and partnering development agencies, in particular DFID, the Global Fund, NORAD, GDC as well as the World Bank, UNFPA and UNICEF. Within its five areas of action the programme tackled recruitment (domestic training capacities, international volunteers), retention (monetary and other incentives, professional development) and management aspects of the shortage (HR monitoring and planning capacity) (Palmer 2006). According to DFID the interventions have proved successful to raise the number of health workers in service: The availability of nurses could be increased by 39% from 3,456 in 2004 to 4,812 in 2009 (DFID 2010). With an average nurse to population ratio of 40 nurses per 100,000 people and huge inner-country variations Malawi is however still among the countries with a most severe health worker shortage, both globally and regionally²⁰. Furthermore, designed as an emergency programme, some of its approaches were successful to bring fast improvements on the recruitment and retention side, but the introduced measures are cost-intensive and difficult to sustain, unless the Malawian government will develop a strong political and

¹⁸ E.g. specialists' particularly high vacancy result mainly from low specialist training capacities, while the high vacancy rate on ministerial level (77% in 2003) has been attributed to non-transparent, complicated and time-consuming recruitment procedures in the first place (RoM et al. 2007)

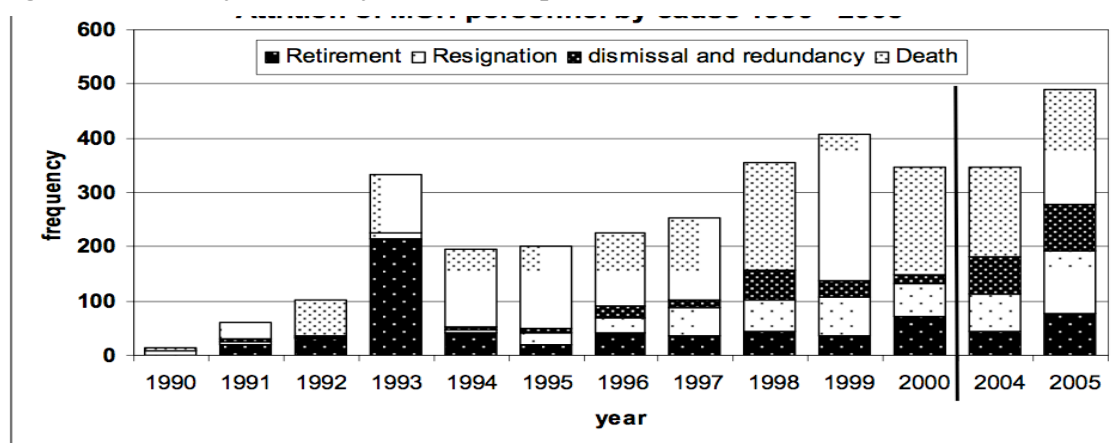
¹⁹ By comparison, the NMC UK counted in the same period 183 registrations of nurses from the neighbour state Zambia, counting a population similar to the Malawian, which represented only 2% of Zambia's overall nursing workforce (Ross, Polsky and Solchasky 2005). Clemens and Patterson (2008) found 377 Malawian born nurses in the censuses of the main recipient countries in 2000, amounting to 17% of Malawi's overall domestic health workforce of 1999. Far most of these nurses had settled in the USA and the UK (171 each).

²⁰ The census 2007 counted 2,932 qualified nurses/midwives and 190 physicians for a population of app. 13 million inhabitants. While DFID (2010) describes a positive trend in the nurse to population ratio, the 2007 MoH census estimated the nurse to population ratio at 33 per 100,000, i.e. a declining trend. For Kasungu, a rural district in Northern Malawi, the nurse to population ratio falls to as little as 15 nurses per 100,000 people (Kadzandira and MoH 2007).

financial commitment to the health sector. Experienced difficulties to maintain the training scholarships and salary top-ups in 2009 and 2010 have indicated that the conservation of progresses still depends largely on continuing external funding and the current economic and political crisis in the country might further threaten the successes in future.

Research findings on the employment preferences of registered nurses (Mangham 2007) suggest that nurses weigh a considerable variety of factors when making employment choices.²¹ While death continues to be the main factor of attrition since 1994, resignation has increased substantially since 1996 (Figure 3), falling together with the liberalization of the health sector that opened new occupational choices to health workers (GoM and UNDP 2002). Today internal migration to private health providers, international organisations and other economic branches beyond health is acknowledged to be a major factor of attrition from the public health service and raises more attention than international migration (Mkwinda-Nyasulu and Chilemba 2007; Grigulis 2010): In 2007 66% out of the 253 health workers employed in NGOs and 60% of the health workers in private health organisations had been recruited from the government sector (Kadzandira and MoH 2007). International NGOs, UN institutions and technical assistance agencies are ambiguous players in this field²²: On the one hand their agendas are often addressing the public human resources for health shortage, on the other hand they have been accused of poaching actively among highly qualified health workers from public agencies, for whom the salary difference constitutes a major pull-factor. Health workers who resign from public services tend to do so very early in their professional life - after an average of 4.4 years of duty (Kadzandira and MoH 2007).

Figure 3: Causes of attrition of overall MoH personnel 1990-2005



(Source: RoM et al. 2007, 3)

²¹ Factors determining registered nurses' employment preferences included: (frequently) net monthly pay, the availability of material resources, workload, (often) opportunities to upgrade qualifications, place of work, provision of housing, access to in-service training, promotion prospects and grade structure, transport, (seldom) health risks (incl. HIV/AIDS), weak administration, supervision, challenges of managing junior members of staff, job security/leave entitlements, pensions.

²² The Malawian Health SWAp-Initiative has suggested implementing a Memorandum of Understanding, limiting salary differences and prohibiting poaching to address these detrimental effects (RoM et al. 2007).

In Malawi nursing tends to be regarded as a women's profession. Introduced by female missionaries it is still associated with a religious vocation to care and feminine gender attributes. Till 1984 only female nurses were trained at KCN and today's nursing workforce is still dominated by women, though the proportion of male nurses has risen in younger cohorts (Kadzandira and MoH 2007; Muula, Nyasulu and Msiska 2004-2). Despite the large number and import role of nurses in the local health system, Malawian researchers have pointed to the disadvantaged position of nurses in the professional hierarchy of the medical system ("*appendage of medicine*" (ibid., 75)), which they attribute to its role as female profession confronting a male-dominated clinical workforce and society (ibid.). On the other hand, as a Malawian nursing leader highlighted to me, nursing used to be the only professional option for women seeking higher education and, in turn nurses represented an outstandingly respected class among Malawian women, in particular as educational attendance and achievement are generally highly recognized in the society.²³ This last aspect is indicated by an overwhelming public demand for further education throughout all strata of the society and relates to considerable advantages from being well educated, as degree holders encounter better chances on the Malawian labour market, reach higher incomes, higher job security and are almost untouched by unemployment (Kadzamira 2003).

Due to the overall conditions of the countries' schooling system, the social exclusivity of education and the competition of Malawians for access and attainment in education continue to be high. Despite the successful introduction of compulsory and free primary education in 1994, the enrolment in secondary education, especially among girls, continues to be highly selective by their families' socioeconomic condition (Worldbank 2004).²⁴ Gender images about male intellectual superiority, shaping female self-identities, constrain the chances of girls' educational attainment in Malawi (Davison 1993; Kamwendo 2010, Chimomombo et al. 2000).

In this context, the group of nurses approached in this study counts with privileged conditions: Almost all participating students²⁵ stated to have received secondary education in government day, -boarding, mission or private schools, i.e. institutions with higher teaching quality and often higher costs involved.²⁶ If taking into account the high quality differences between different types of secondary schools, the economic status of the family reflects closely in the educational attainment

²³Personal communication with Mrs Ngoma; similarly stated by Grigulis (2010).

²⁴ Girls are still strongly under-represented at the level of secondary education and outnumbered by far at university level in all study fields except nursing (World Bank 2004; see Annex 1: Figure 2), particularly in science professions (Gomile-Chidyaonga 2003; Maluwa-Banda 2004; Ngwira, Kamchedzera and Semu 2003). The University of Malawi estimates -despite the high share of females in nursing- the overall share of female enrolment at 35% in 2009 (UNIMA 2010). An even weaker level presents on the national political level, where the representation of women in the National Assembly is increasing but amounted to less than 21% in 2009 (EISA 2009)).

²⁵6 missing answers

²⁶ The reputation of government boarding and mission schools as well as selected private schools is particularly high and usually involves a formal selection process. Admission to mission and private schools usually requires the payment of considerable school fees (Worldbank 2004).

of children in the MSCE-examinations, the precondition to enter tertiary education (Lewin and Sayed 2005; Worldbank 2004; Kadzamira 2003). It is commonly recognized among Malawians that admission to tertiary education, in particular to the public university UNIMA, is highly competitive among MSCE performers. Under these conditions education becomes a distinctive resource, exclusive to a small socioeconomically advantaged group who on behalf of it increases its capacity to enhance socioeconomic profits and reproduce an elevated social status.

Regarding the outmigration trend among Malawian nurses, the registers of the NMCs in Malawi and the UK suggest that the peak years of migration are found between 2000 and 2005, when a sharp, persistent decline manifests. Throughout these years the UK have been the envisaged destination of far most Malawian nurses when seeking registration to go abroad: 148 of 240 registrants at the NMCM 01/2004-11/2010 named the UK as envisaged destination (NMCM 2010). The ebbing of the overall NMCM registrations in 2006 goes largely to the account of the diminution of applicants for the UK, which is confirmed by the NMC UK data (NMC UK 2008, NMC UK 2010/11).²⁷ A comparison of the numbers held by the NMCs of Malawi and the UK may therefore roughly inform on the quantitative difference between sought and approximate real migration²⁸ throughout the peak years of migration to the UK: Very pronounced trends are similar, but the overall scope is hardly comparable, with the total difference throughout the period amounting to more than 25% (Annex I: Figure 2 c)²⁹. Even the registrations with the NMC UK are however likely to overestimate migration, as registering to work abroad happened to be an overall trend among nurses some 10 years ago, reflecting a general feasibility of migration among nurses throughout these years (Grigulis 2010, see footnote 15).

Different reasons are discussed in the literature when explaining the apparent decline in nurse migration. Optimistic voices attribute some of it to Malawi's improved human resource for health policies, in particular the monetary incentive of salary top-ups (DFID 2010; Tambulasi and Chasukwa 2011). A further factor might have been the implementation of ethical frameworks for the recruitment of health workers from developing countries: The UK public service has adapted its recruitment policies in recent years to control and restrict the private recruitment of nurses,

²⁷ Fluctuant small-scale registrations are recorded for the ZAR (5-8 annual registrations between 2007 and 2009) and the USA, other South African countries (esp. Botswana) as well as North American and European countries (between 2007 and 2010 up to 3 annual registrations). The current decrease of registrations for the UK has been overlooked by some research (e.g. Mangham 2007) and misinterpretations of the values presented by the NMCM are frequent (e.g. DFID 2010, treating the numbers as real migration rate and Mangham 2007 citing the same numbers as "number of registered nurses that have left Malawi and subsequently sought validation of their qualifications").

²⁸ Registrations at the NMC UK seem to be the more viable estimate of migration of nurses. However, as the findings of Grigulis (2010) suggest, they may also be misleading in some cases, where nurses went as far as registering in the UK but then failed to migrate or, on the contrary, where nurses left Malawi but, failing to register, took up other occupations abroad.

²⁹ A time difference of one year between the registrations would have been expected, after 2006 even a registration deferred by two years, as overseas nurses are since obliged to comply an Overseas Nursing Programme before being admitted to register.

following the ethical recruitment guidelines of a Code of Practice and focusing on bilateral agreements (with India, the Philippines and South Africa) instead of active recruitment. While the Code of Practice has been set as a binding measure for the UK public health services (NHS) and, since 2004, for all private sector organisations providing services to the NHS (DoH UK 2004), it is not able to regulate recruitment in the private health sector. South Africa, another important destination for nurses from Malawi throughout the peak years of international migration, is taking a similar approach as the UK. However, countries like the USA still rely on active recruitment via private agencies, even in countries like Malawi (Ngoma in VSO 2010).

Another explanation for the decrease concerns developments on the UK's nursing labour market where the demand for overseas nurses fell in 2006 due to high numbers of domestic graduates and the financial cutback of public health services. For nurses from countries where migration is not regulated via bilateral agreements these circumstances affect the conditions for labour migration to the UK sensitively, as the restrictive regulation of visa, registration and employment procedures since 2006 demonstrates (Buchan and McPake 2007).³⁰

While the presented professional registers suggest a sharp decline of Malawian nurses' migration, the Malawian census 2008 opens a divergent perspective. Since 2006, when the professional registers indicate a decrease, the applications of female nurses at the NMCM are exceeded increasingly by the census' numbers of not (yet) returned female international migrants occupied in health (Census/NMCM: 2006=35/19, 2007=62/13, 2008=38(half year)/16(whole year)). While the two data sources are of course not directly compatible, the census' findings call into question whether outmigration of females to work in the health sector has decreased as much as expected. They raise the concern that female health workers (many of whom are nurses) might be leaving without registering, that care drain might tend to drift through more informal channels nowadays and, related to this, that countries, job positions and occupational sectors (e.g. private care homes) not strictly requiring registration might be gaining importance – which would, in turn, affect the possible benefits from migration.³¹

³⁰ “The Department of Health announced on 7 March 2006 that from 3 April 2006 International Medical Graduates (IMGs) - who are not UK or EEA nationals - wishing to work or train in the UK would need a work permit. This is a requirement. To obtain a work permit an employer must show that a genuine vacancy exists, which cannot be filled by a doctor who is a UK or EEA national. Similar changes were announced for [...] general clinical nursing posts in July 2006. Removal from the Home Office list of “shortage” occupations makes it much more difficult for non-EEA healthcare professionals to obtain a work permit to practice in the UK. [...] Since September 2005 all non EU international applicants who apply to the UK Nurses and Midwives Council (NMC) have been required to undertake all or part of a 20 day Overseas Nurses Programme (ONP), and from 1st February 2007, all non EU applicants (including those from English speaking countries) must have completed and provide evidence of a score of 7.0 or more on the British Council International English Language Test (IELTS)/IPD Australia before submitting their application to the NMC.” (Buchan and McPake 2007, 5)

³¹ Further doubt on the professional registration statistics emerges from destination countries' census (Clemens and Patterson 2008): The equal representation of Malawian nurses in the UK and the USA census 2000 would have raised the expectation to find a stronger share of applicants destining the USA, especially as US recruitment agencies are expected to continue to practice in Malawi. Informal labour migration of Malawian nurses might be a factor in this context, too.

Beyond the question of flows, the patterns of nurses' migration from Malawi are of interest to our study subject. As Malawi and the history of nursing in the country have been shaped by labour migration throughout many years, historical experiences are likely to build a subtle ground for the formation of a social imagination of migration that, in turn, is likely to influence the young nurses' premature images and intentions related to migration in their life plan.

Professional nursing care came to Malawi with the immigration of white female missionaries as part of the British colonial invasion, transporting on behalf of nursing the *Western* values and racist images of *Western* superiority and establishing nursing as a prestigious profession. Only in later years of colonialism local women were allowed to train as nurses with the idea to enforce racial segregation in nursing and to institute a new class of black, civilized womanhood (Schultheiss 2011 regarding South Africa). The colonial administration did not engage in a local training of nurses but picked a small selection of Malawian women to train in their nursing colleges in Britain, which owed them high respect for their experience and professional status in Malawi (Grigulis 2010). While the foundation of the University of Malawi dates back to the year of independence (1964), a nursing respectively physician degree was till 1979 (year of KCN's foundation) respectively 1991 COM's foundation) always connected with a move abroad (UNIMA 2010). The most important authority of the country throughout more than 20 years, Malawi's first president Dr. Hastings Kamuzu Banda, had been one of those who had enjoyed the privilege to train and work as a physician in the UK. Today's nursing college is named after him and he remains highly respected among many Malawian nurses till present days (Grigulis 2010). This background of nursing in Malawi points to the high local status of the nursing profession and the intertwining with ideas of *Western* civilization. It furthermore explains the development of a tradition of nurse migration, connected with the establishment of a migrant community and the evolution of a “*culture of migration*”³² (see Kandel and Massey 2002) for purposes of professional training. The high social recognition for nurses training in the UK reflects in an association of migration with privilege and status that seems to be prominent in the Malawian society.³³ As can be argued with reference to Massey, the persistence of nurse migration and its traditionally positive connotation are likely to shape the repertoire of perceptions and aspirations in the young generation of nursing students focused by this study.

“As migration grows in prevalence within a community, it changes values and cultural perceptions in ways that increase the probability of future migration. [...] Although migrants may begin as target earners seeking to make one trip and earn money for a narrow purpose, after migrating they acquire a stronger concept of social mobility and a taste of consumer goods and styles of life that are difficult to attain through local labour. [...] At

³²The authors' concept if a culture of migration refers on the one hand to the cultural practice of passing migratory aspirations on to new generations within communities with strong traditions to migrate. On the other hand the concept points to the impact of socially transmitted migration aspirations on individuals' migration project and behaviours related to it (see Kandel and Massey 2002).

³³ In several workshops students reported that someone who had made it to live abroad (as well as his family in Malawi) would be looked upon with particular respect and admiration.

the community level, migration becomes deeply ingrained into the repertoire of people's behaviors, and values associated with migration become part of the community's values." (Massey et al. 1998, 47)

While the culture of nurse migration and the imperial mission of nursing care show a strong female connotation, the general *culture of migration* from Malawi is male-dominated. A general review of traditions of migration in Malawi highlights the massive scale and importance of male labour migration to South Africa, established as a form of colonial exploitation by the British colonial rule and persisting until the late 1980s.³⁴ Though it is considered to have had strong negative implications on economic development and subsistence agriculture in Malawi (Weyl 1980), the scale of male migration over many years has established it in the Malawian society as a common livelihood strategy, connected with a social consciousness and imagination about economic benefits and personal dangers of migration.³⁵

A Malawian census in 2008, capturing recent trends in non-return migration between 1998 and 2008, reveals continuity in that (non-return) migration remains to be dominated by young males (average sex ratio 5:1) with South Africa as most important destination country (NSO 2010). Female migrants are more inclined to leave at a young age and to go overseas. Women are furthermore more strongly represented among student and medical migrants (sex ratio 1:3,5 respectively 1:1.6 (2004-2008)).³⁶ It may thus be suspected that the opportunity of nurses to work and study abroad reflects in the higher share of women among overseas, medical and student migrants (ibid.).³⁷ This in turn points to the importance of nurse migration in opening chances of migration to Malawian women and that the young, highly-qualified among them may participate increasingly in migration.

In comparison to the international literature on nurses' migration, the research perspective in Malawi has so far been dominated by pragmatic studies, identifying (in particular health system related) push and pull factors of migration (Mkwinda-Nyasulu and Chilemba 2007), quantifying the phenomenon and its economic impact and discussing applicable political solutions (Muula 2006-1/-

³⁴ Labour migration, unlike spontaneous forms of population movement, established within Southern Africa as a symptom of colonial-capitalist modes of production and the labour supply needed in centres of capital accumulation of the white economy, on farms, later in mines and till the 1930s in manufacturing industries. Malawi belongs to the Southern African countries where the colonizing economy did not suspect marketable natural resources and accordingly, instead of exploiting commodities, they exploited the labour force of Malawian men (Weyl 1980).

³⁵ While the historical-sociological aspects of migration from Malawi has remained largely unexplored to my knowledge, the economic aspect within it is confirmed by Weyl (1980), stating that wage labour in South African mines was generating more income, leading many Malawians to prefer it towards the work on Malawian farms, which received most of their labour supply from Mozambique. During the workshops I gained the impression that migration to South Africa tends to raise caution and concern with regard to xenophobia and discrimination. While this might in the first place relate to the recent violent riots against workers stemming from other Southern African countries, the migration experiences from colonial times over the years of apartheid till the 80s might find a late repercussion here as well.

³⁶ According to the census, more than 40% of all not yet returned overseas migrants were female and the share of overseas- in overall female non-return migrants amounted to 19% (as compared to 6% for males).

³⁷ The census points to the increasing importance of migration for study purposes, which can be interpreted as a growing inclination towards early migration and migration of the highly skilled. It however failed to highlight the occupational profiles of non-return migrants in many cases, suggesting that the classical areas of occupation abroad do not fit any more to capture recent labour migration trends (NSO 2010).

2/-3; Muula, Panulo and Maseko 2006; Muula and Maseko 2006; Manafa et al. 2009). Recently, Tambulasi and Chasukwa (2011) have added an evaluation of existing measures to hold the medical *brain drain*.

Professional push factors for *brain drain* of nurses and other health professionals in Malawi have been found in high workload, low salaries, poor working conditions in safety and equipment, leading to moral distress, frustration or burn-out (Tambulasi and Chasukwa 2011). Several studies have furthermore pointed to Malawian health workers, in particular nurses' thirst for professional development and further education as a factor for migration (Muula and Maseko 2006; Mangham 2007; Mkwinda-Nyasulu and Chilemba 2007). Main push factors regard:

„[...] higher wages and income, higher standard of living, better working conditions; job and career opportunities and professional development, substantial funds for research, advanced technology, modern facilities, availability of experienced support staff, political stability, modern educational system, prestige of 'foreign training', meritocracy, transparency, and intellectual freedom.“ (Tambulasi and Chasukwa 2011, 19)

According to the most recent study internal and external *brain drain* are increasingly becoming a concern among highly qualified health professionals due to push factors of organizational and policy nature, in particular ambiguous career progression due to unclear career paths, little opportunity to apply specialist capacities, delayed or absent promotion in salary and position:

“ [...] the more specialized people are, the high [sic.] are chances that they will leave government. Reasons being that they fell [sic.] they are not being recognized by their new qualifications and promotions take longer. You are lucky if you get promoted in three years after the specialization training’.” (Interviewed MoH official in ibid., 19)

With regard to degree nurses the difficulty to come into leading functions despite holding higher qualifications is highlighted as a particular concern:

„[...] nurses do not normally head institutions despite them having a degree. In most cases health centers are headed by diploma level clinical officers or certificate level medical assistants and this frustrates the degree nurse. As one of them hinted “even if you hold masters degree and you go to health center you cannot head it [...]” (Ibid., 19).

These studies however depart from a rather narrow approach focusing structural problems in the Malawian public health services as background and its low capacity to compete against the occupational environment elsewhere as main background of migration.

Broader analyses of Malawian nurses' personal approaches to migration have so far gained little attention, with the exception of the recent dissertation of Grigulis (2010), which gives a detailed insight into the individual and socio-historical dimensions of migration intentions and biographic decisions of previous generations of Malawian nurses. From the registration data can be obtained that lower nursing cadres as well as male nurses were relatively underrepresented on average.³⁸ Palmer (2006) and Buchan et al. (2006) have pointed to the high participation of older, well-

³⁸ The Malawian nursing workforce can be divided into registered nurses (higher cadres, degree level or well experienced nurses) and enrolled nurses (lower cadres, diploma level, trained on the job): Enrolled nurses represent 1/3 of the nursing workforce (RoM et al. 2007) but less than 1/4 of applicants 2004-2010 (NMCM 2010); male nurses represent 11.4% of the nursing workforce (Kadzandira and MoH 2007) but less than 3% of applicants 2004-2010.

experienced nurses in international migration from Malawi and Southern African Countries in general. In contrast, Muula (2006) estimates that most migrating health professionals leave Malawi within the first 5 years after graduation.

Her exploration of reasons and patterns of migration in different generations of Malawian nurses and changing presidential periods has revealed remarkable shifts in the motivations for migration relating to the overall socio-political situation in Malawi, the local employment and working conditions for nurses and the global conditions to migrate. Her findings suggest that nurses in the current presidential age of President Bingu wa Mutharika are facing difficulties to enter the UK labour market and therefore expect international migration to be less feasible. Instead, they tend to incline towards inner-country alternatives to the public health service, in particular to posts in NGOs in Malawi (Grigulis 2010). A further generational change in the background for nurses' decision-making for migration is found in the professional motivation to join the nursing career, shifting from reasons such as admiration for nurses, pride in having a nurse in the family and wanting to care for Malawians among nurses graduated before 2000, to obtaining qualifications and finding marketable career prospects (Grigulis, Prost and Osrin 2009).

Her evaluation of push and pull factors of Malawian nurse migration furthermore adds the role of conditions external to the health system to the previous picture, such as different enabling factors, survival strategies of the family, social appreciation of migration and the impact of a migration trend among nurses as well as life style related expectations towards the destination country (Annex I: Figure 5).

Beyond the context of nurse migration, the context of academic migration, already tackled with regard to the discussion of *brain drain* and *brain gain*, is to be considered as an important background of the phenomenon under scrutiny. Though no comprehensive data exists in this realm, the last Malawian census shows a sharp rise in the rate of migrating students in recent years, pointing to the current importance of migration-to-study projects among Malawians (see Annex I: Figure 7).

B PRESENTATION OF THE STUDY

1. Research design

This study aims to contribute to the latter body of literature as it addresses migration intentions as a step in life-decision-making and explores the interaction between different factors of migration decision-making on the level of personal, gender-related and further social conditions which range beyond the occupational context.

Its central objective is to explore and analyse young Malawian Bachelor of Nursing graduates' personal reasoning and early intentions of migration as part of their life planning and script of life. In this attempt, scripts of life, self-identity and migration are tracked in students' biographical background, career decision-making, gender roles and social environment, and analysed before the background of globalization and (post)colonial³⁹ imagination.⁴⁰

Data collection and analysis have accordingly been guided by the following research questions: How far are migration intentions relevant to the life planning of students with a degree in nursing? Which collective experiences and ideas of migration, life scripts and self-identities explain this relevance? As the study has been conducted within the field of International Development Studies and in cooperation with the Gesellschaft für Internationale Zusammenarbeit (GIZ) the findings are evaluated regarding their impact on development policy, following a third research question: Which consequences arise from these findings for the design of development policies to improve the retention of nurses for the Malawian health system and the *brain gain* from nurses' migration?

The population in research has been limited to graduating Bachelor of Nursing students though, as shown ahead, the phenomenon of migration extends to all nursing cadres. The sample was constricted to the academically trained cadre as the migration of nurses with a university degree tends to raise particular concerns among Malawian nursing leaders: High investment has been made to train nurses at an academic level, in the political attempt to increase the pool of highly-skilled nursing professionals and fill positions that require high qualification. The migration of this cadre comes accordingly down to high financial losses (Muula, Panulo and Maseko 2006) and high vacancy rates in core positions of the care system. At the same time graduated nurses count with an internationally recognized academic certificate that increases the availability of professional opportunities abroad. Furthermore, Grigulis, Prost and Osrin (2009) observed that young nursing graduates approach their profession more as a rewarding career than as a vocation, which is thought to affect their motivations to work in the Malawian system while migration promises better career

³⁹The spelling *postcolonial* is used when neutrally referring to the time after colonialism, the spelling *post-colonial* when referring to the school of thought of post-colonial studies and the spelling *(post)colonial* when referring to repercussions of colonial images and social conditions beyond the time of colonialism or till today.

⁴⁰As the empirical data has been generated from nursing students at the time of graduation, the participants will be referred to as students as well as graduates.

opportunities. The focus on one specific group of nurses is last but not least adequate for the small scope of this study, as it allows giving a detailed and specific picture.⁴¹ The study applies a primarily micro-sociological research perspective, developing findings from individual representations and conceptions of future life inherent to individual actor's life planning and concept of life. Individual strategies of action and future aspirations are however approached in their associations with and dissociations from social rules and role expectations, establishing macro-sociological links which, going beyond the individual level, can bear insights to understand young nurses' biographical aspirations in the context of their social environment and their future visions (Buchmann 1998). Therefore the analysis attempts to explore structures of the individual life plan and concept of life in their linkage to collective life course representations and social dynamics. The choice of methods, combining group and personal settings acknowledges the reciprocal influence of collective and individual perspectives, concrete plans and latent scripts on the students' biographic future perspectives regarding migration.

For the analysis of the data, the grounded theory approach formulated by Glaser and Strauss (2005) was selected, as it is apt to conduct theory-generating research on the basis of empirical qualitative data and exploratory research methods. Grounded theory work is based on comparison and differentiation of observations on a specific empirical event or phenomenon. In different steps from open to structured coding, accompanied by memo-writing, fragments of analysis are developed and related with the aim to formulate a substantive theory of a phenomenon that can be generalized to an abstract theoretical level. Theoretical points of reference are not introduced beforehand, as their selection and development accompanies the process of data analysis. This analytic approach fits closely with the research context and purpose of this study to broaden the substantial understanding of the phenomenon, migration intentions in the specific, so far little researched context of life planning, and to identify theoretical groundings for its explanation. According to the grounded theory approach empirical data was analysed using the open-coding methodology described by Strauss and Corbin (1990). The created codes and memos base upon quotes, reflections on the transcripts, documentations of workshops and interviews and theoretical memos. Theory and literature review accompany the data analysis.

Taking an explorative, qualitative approach, the research is designed to contribute fundamental qualitative data on and analytical approaches to early decision-making for migration among young academic nurses. The choice of sampling method was accordingly not directed by the aim to select

⁴¹A broader sample of cadres would have meant to approach nurses from very different social environments. Those, in turn, are likely to relate to highly different motivations and expectations towards migration. In order to explore specific profiles of nurse migration, former studies therefore recommend focusing on one group (Alonso-Garbayo and Maben 2009).

a representative group of students.⁴² Despite this bias, as almost one third of the 2010 cohort of Bachelor of Nursing graduates participated, the findings refer to a quantitatively considerable subgroup of students. Therefore, findings for a strong majority of research participants will be indicated in quantitative terms as well.

2. Central concepts

2.1 Approach towards life plans and life scripts

The approach of this analysis is to reflect the student nurses' motivations to migrate within their concrete life plans and general scripts of life. Life plans bundle priority action-plans and milestones into a story about the imagined future life. They are based upon the students' life scripts, reflecting the interaction of individual psychological needs and ambitions with collective concepts of the “*public life course*” (Buchmann 1998, 26), inheriting social and cultural rules, values, discourses and conditions defining what is collectively regarded as a successful life (ibid.; Günther 2008).⁴³ The future life plan and script of life give continuity and coherence to the biography and self-identity and situate the individual in relation to its social group, responding to the questions “*Where do I/we come from? Who am I/are we? Where do I/we go?*” (translated from Bosse 1999 quoted in Günther 2008, 54). The individuals' possibilities to integrate the collective and the individual dimension into a personal biographical story are partly determined by social concepts of life, collective orientations and the society's openness towards different life styles as those build the individuals' social points of reference (ibid.).

While aiming to secure biographic continuity, every life plan is built on the background of current conditions, social and living contexts, making its vulnerability to changes obvious. Shifting and ambiguous identities and self-perceptions can fundamentally influence the (re-)writing of the life plan. The social context of a developing country bears conditions for the development of particularly plural and hybrid self-identities, negotiating and integrating (post)colonial experiences of domination and resistance, globalization and modernization (Bhabha 1996).⁴⁴ At the same time the conditions of globalization and social modernity intervene into the life script as

“[...] the narrative of self-identity [that] has to be shaped, altered and reflexively sustained in relation to rapidly changing circumstances of social life, on a local and global scale. [...] A reflexively ordered narrative of

⁴² Self-selection processes as well as the interview sampling over-represent those students who felt attracted by the topic of migration or declared having migration intentions.

⁴³ Buchmann (1998) shows in her analysis of changing scripts of life of youth in the US-American society, how individual scripts of life are deeply shaped by a “*public life course*” (ibid., 26) of social definitions, role and status expectations regarding a person's life-course, reflected in the individual life design and appropriated to the personal conditions of life.

⁴⁴ As Bhabha (1996) notes from a constructivist point of view, post-colonial identity itself is multifaceted, constructing and reconstructing in hybrid spaces of in-betweenness and ambiguity, incorporating and reshaping experiences of colonial domination and resistance.

self-identity provides the means of giving coherence to the finite lifespan [...]" (Giddens 1991, 215).

In the absence of a strict value and role system the individual itself becomes the essential actor in the definition and narration of a coherent self-identity, which is thus the product of a *reflexive*, i.e. an introspective mental self-creation: "[A] *self-identity has to be created and more or less continually reordered against the backdrop of shifting experiences of day-to-day life and the fragmenting tendencies of modern institutions.*" (Giddens 1991, 186)⁴⁵

Keddi (2008) found regarding the points of orientation of German women's life decision-making that, while plans were shifting considerably with changing living conditions and life-stages, personal life projects (e.g. partnership, career, self-actualisation, tradition or biographic crises) guide the life decision-making fundamentally and consistently over a longer period of time as a *biographical horizon* and (hidden) *script of life* sense. Accordingly a life plan may be developed, adjusted, amended or abandoned according to future experiences, individual orientations and social contexts, while its underlying scripts are likely to structure the biography more durably.

These complex contexts of the individual's life plan are accounted for in this study, as migration is explored in the life plans and scripts of life before the background of the students' biographic experiences, self-identities and social environments on the one hand, collective ideas about the role of migration in the life course and public expectations towards their social groups on the other hand. The students' biographic horizons in central life themes are taken as axes for this exploration. The interpretations draw largely on the concepts of Pierre Bourdieu and Anthony Giddens, whose theories approach self-identity and life course planning from largely contradictory points of view. Bourdieu conceptualizes an individual's action as predefined by his or her habitus and reveals how life planning and decision-making are marked by the competition of actors in a social field of power, with the aim to stabilize and improve their relative economic capital (control over financial resources), cultural capital (resources linked to the acquisition of knowledge and skills) and social capital (social networks of support and prestige), sanctioned and valued according to the symbolic capital they inherit (their conformity with and status within social norms, legislation and jurisdiction) (Buchmann 1998; Robb et al. 2007; Bourdieu 1986 and 1998).⁴⁶ While Bourdieu's framework highlights foremost the congruence of individual action with demands and determining mechanisms of its social environment, Giddens (1991) takes an individualistic approach to identity and decision-making as he points to the individuals' power of choice over self-identities, concepts of life and life styles in late modern societies, understanding the self and the life plan as fragile and

⁴⁵ During my analysis I refer to the concepts of post-modern identity of Homi Bhabha and Anthony Giddens, who follow essentially different schools of thought. Nevertheless both agree to acknowledge the diversity and construction of self-identity, which is the aspect I draw upon.

⁴⁶ Capital in the sense of Bourdieu means accumulated labour that, in objectified and embodied forms, creates potential "*capacity to produce profits and to reproduce itself in identical and expanded forms.*" (Bourdieu 1986, 46)

reflexive projects.⁴⁷ The parallel consideration of these opposing approaches was found to be enriching to pursue the ambivalent influences of collective and individual power on self-identities and strategies of action shaping the role of migration in the students' life planning and script of life.⁴⁸

Methodologically, the character of individuals' biographical stories, including future life-stories, bears several problems if used as a foundation of social science research: Bourdieu (1998) argues that life-stories tend to present *biographic illusions*, imaginations of the life course as a consistent and coherent entity, following intentional moves and logical orders which reflect the personal rationality of life and the postulates about the *raisons d'être*, while neglecting arbitrary, hazardous elements of life, often shaping it unpredictably and senselessly.⁴⁹ Bourdieu's critique is important to this study, as it reminds the subjectivity and selectivity of life-stories and suggests, that conflicts and ambiguities will eventually not be postulated directly, but need to be revealed through analysis. While he points to the arbitrary character of real life courses, this study is based on the paradigm that the *raisons d'être* about life is likely to impact the life course as well: Directing self-perceptions, future visions and aspirations, the *raisons d'être*, formulating a frame of reference for the development of intentions to act in one way or another (the future life plan), gives implicit guidance to the individual's decision-making in core questions of life. The future life-story is not thought to prescribe the future life course, but to translate individual and collective rationality and intentionality of life into guidelines for personal decision-making.

Notwithstanding the critics, the use of life-stories as a data ground is justifiable, as this study centres precisely on the *raisons d'être* and (even illusory) visions about a "happy future", aiming to understand individual and collective imaginations and rationalities of migration on the level of the life plan, rather than their biographic correctness and feasibility.

⁴⁷ The term *late modernity* has been introduced by Anthony Giddens to characterize the social dynamics that reflexively react to the emancipatory project of *Western* modernity and globalisation, in contrast to local contexts of traditional societies. I am basing this chapter on his conceptual framework of *life politics*, developed in the context of *late modernity*. Applying this concept here however means to assume that the global climate of *late modernity* interferes with more traditionally shaped local societies like the Malawian, generating dynamics of the local context that are specifically for late modern globalisation. On the one hand this approach takes up the students' perceptions about life style differences between the global and the local context and on the other hand it accounts for the interaction of late-modern and traditional aspects in the identity formation of a nurses' generation that positions in and between the global and the local realm.

⁴⁸ The analysis might however be biased by the European perspective of both authors.

⁴⁹ While the argument is reasonable, especially regarding the biography of the past, research on women's future life scripts has been able to highlight inconsistencies and ambiguities in particular (e.g. Keddi 2008).

2.2 Approach towards migration intentions

The here tackled early migration intentions present an initiating factor in migration decision-making. This decision-making is firstly based upon concrete expectations, incorporating the person's awareness of problems and benefits involved in migration (de Jong 2000), and secondly upon the evaluation of their potential impact on the future life of an individual and/or a collective.⁵⁰ Equivalently to the character of individual life plans and scripts, in particular immature, early expectations are likely to be reshaped according to new information and life stage priorities and may not necessarily predict later migration decision-making, in particular as the abundance of external factors of migration decisions (see Annex I: Table 1) can be, but are not necessarily built into these expectations, depending on the individual's awareness on them.

Migration research and migration theory have been dealing with motivations and processes of migration decision-making as one of the central questions of the discipline, following different anthropological believes on human motivation, decision-making and action. The most commonly used “push-pull model” of migration⁵¹, starts from the assumption that individuals are the main entity of life decision-making, following rational choices let by the aim to maximize their personal economic utility. Under this paradigm the reasons for migration decision-making seem to be transparent, predictable and measurable, while complex structural contexts of migration decisions are neglected (Boswell 2008). The initially discussed influence of historical specifics, family and gender relations, traditions and networks of migration can hardly be taken into account under this umbrella, calling for a broader scheme of reference for this exploratory study.

The early phase of migration decision-making of the next generation of academic nurses in Malawi will therefore be approached as an individual as well as collective phenomenon intertwining specific social and personal rationalities. The analytic focus on *social rationality* centres on the question how migration intentions are formed via culturally shaped individual's conceptions of the collective, shared beliefs, norms and memories (*symbolic ties*) and the complex impact of observing others (Boswell 2008). The *individual rationality* anchors the social dimension in the individual future perspectives, defining how the individual remodels the collective rationalities of migration according to personal conditions and future aspirations.

⁵⁰ De Jong (2000) has found for migration from Thailand that expectancies about locations for attaining valued goals in the future and (lower) residential satisfactions with the current community were key determinants of intentions to move for men and women.

⁵¹ Developed in the 1950^s by W. Arthur Lewis, it explains migration as an economically reasoned reaction of an individual to unequal labour market opportunities between the place of residence and the respective destination. Throughout the following decades the model has been broadened to account for the influences of social capital and household decision-making. However the main anthropological paradigm of migration decision-making has not been challenged. (Arango 2000, Boswell 2008)

2.3 Approach towards gender

This study aims to be sensitive for gender-aspects in the conditions and contexts of life planning and migration decision-making of the nursing students. To this end, gender is considered as socially and historically shaped on the one hand, but enacted on the level of personal agency on the other hand, as

„a matrix of identities, behaviors, and power relationships that are constructed by the culture of a society in accordance with sex. This means that the content of gender — what constitutes the ideals, expectations, and behaviors or expressions of masculinity and femininity — will vary among societies. Also, when people interact with each other, by adhering to this content or departing from it, they either reaffirm or change what is meant by gender, thus affecting social relationships at a particular time or in a particular setting. This means that gender is not immutable but also changes and, in this sense, is both socially constructed and reconstructed through time.“ (Boyd and Grieco 2003, n.p.)

It is furthermore acknowledged, that on the individual level the agency of enacting and challenging gender always presents as a paradox condition, as *„the I“ that I am finds itself at once constituted by norms and dependent on them but also endeavors to live in ways that maintain a critical and transformative relation to them.“* (Butler 2004, 3) Concepts of life and life planning are accordingly gendered via contradictory processes of mobilization, negotiation and renegotiation of gender roles in day-to-day activities of *doing* and *undoing* gender, in turn affecting and effected by social images and relationships of gender. Social roles and rules of masculinity and femininity will therefore be considered in the analysis of the students' overall life planning.

With regard to migration, gender has been discussed in particular as an important pre- condition of migration for women, determining the likelihood, possibilities and circumstances of female mobility. In this realm gender can be influential on a systemic level (state and national economy), on the level of household (e.g. extended family) and on an individual level (gender-specific stages of the life-cycle):

Table 1: Areas affecting pre-conditions of migration for women

<i>Individual level</i>	Age, birth order, race/ethnicity, urban/rural origins Marital status, reproductive status, Role and position in the family Status e.g. educational, occupational skills and class position
<i>Family/ Household level</i>	Size, age/sex composition, life-cycle stage, structure (nuclear, extended, etc.), Status and class standing Relationships among family members (economic, emotional) Gender relations and hierarchies of the household Family attitudes towards migration
<i>Societal level</i>	Structural characteristics, gender relations and hierarchies in society Community norms, cultural values on forms (labour or family reunification) and constellations (alone or with family) of female migration

(Based on Boyd/Grieco 2003, adapted and amended)

In the analysis of female nurses' migration intentions special regard will thus be attributed to their conditions in these three fields in the pre-migration stage. However, gender concerns male as well as female roles in society. The study aims to take this into account by integrating male and female nursing students and approaching both sexes under a gendered perspective.

3. Data collection

The data collection for this study was conducted in November and December 2010, within a three-month research stay in Lilongwe, the capital of Malawi. All students lived on the Kamuzu College of Nursing campus and were interviewed there. According to the official requirements to conduct medical research in Malawi, in the advent of the data collection authorization from the Kamuzu College of Nursing Research Chair and approval and advice from the Research and Ethics Commission of the College of Medicine (COMREC) in Blantyre were obtained. The consent form for the participation in this research (see Annex II: 1) was announced to the students in English and Chichewa, together with the written invitation to participate.⁵²

In the initial phase of field research individually designed research workshops, drawing on forms of focus group discussions described by Bloor (2001) and Fern (2001), were conducted with 39 participants, 30 of whom female, 9 male, all between 21 and 25 years old.⁵³ (Discussion Guide see Annex II: 2). The structure of the workshops allowed participants to discuss issues in different settings:

Table 2: Structure of Research Workshops

Introduction	Presentation of agenda, personal introduction; signing of research consent; personal questionnaire to collect individual future plans and attitudes towards migration as well as a set personal data (see Annex 2: 3)
Small-group discussions	Participants collected, discussed and wrote down their attitudes and experiences regarding the choice of nursing as a profession as well as motivations, experiences, advantages and disadvantages involved in nurse's migration in general. In WS 1,3,5 focusing questions were provided, in WS 2 only topics, in WS 4 statements from the literature on nursing and migration.
Whole-group discussion	Main part of each workshop (1-1,5h): students explained, commented, weighted and discussed the collected issues in dialogue with the researcher. Emerging new topics were added to the discussion.
Closing	Formal collection of feedback from students, informal dinner with the whole group

⁵² Students were given time to read the consent, clarify doubts and questions and sign it. The students obtained a copy signed by the researcher.

⁵³ This gender-relation reflects roughly the proportion of women and men in the overall student cohort graduating in 2010.

On behalf of the workshop setting it was possible to approach the nursing students' common images about nursing and migration and their perceptions of public opinions about nurse migration. This set method was furthermore chosen to allow for a high participation of the students in directing the course of discussion and to allow the researcher in the beginning a broad orientation about issues of concern that would be guiding the development of probe questions and guidelines for the following in-depth interviews. As interviewing, moderating and analyses of data were performed by the same person, this proceeding was of particular importance in order to reduce the impact of the moderators' expectations on the agenda of discussion and the course of research, respectively to expand the scope of previous expectations from the very beginning on.

As migration was seen as a confidential topic for many students the introductory written and small-group activities gave participants some anonymity and encouraged to raise confidential topics or take less accepted positions. At the same time, the small-group activity worked as a *focusing exercise* (Bloor 2001), deepening the students' attention to the topic. During the whole-group discussion some controversial topics raised discussions among the participants⁵⁴, while the interaction happened more often between group members and moderator than among the interviewees. The overall design of the workshops was accordingly rather adequate to give visibility to the groups' opinion then to generate insight via group interaction. Some of the conversations thus came to be group interview rather than a focus group discussion⁵⁵. However, unlike to an interview situation, the topics had been raised by the participants themselves and reflected the output of their initial discussions. The research workshops delivered the aspired collection and contextualisation of issues that students considered important. Their explanations were valuable to capture their approach towards the topic and the group setting was an effective icebreaker between students and researcher, advantaging the succeeding research.

Following the workshops, in-depth interviews were conducted with 7 female, 3 male nursing students. The sample meant to present a broad spectrum of different constellations of attitudes and intentions regarding migration and regarding nursing, varying future aspirations and personal characteristics including gender, family status and constellation.⁵⁶

The interviews followed a rough guideline of clustered topics and questions (see Annex II: 4). Initially, the students were encouraged to talk about their broader biographic background with a

⁵⁴ Where discussion was encouraged, group dynamics sometimes limited the outcomes: Questions aiming to provoke discussion of attitudes tended to lead into explanations about how this is perceived in Malawi or in their culture or opinions that had been agreed upon during the small-group discussions. Hierarchies in the groups (in particular male dominance) were strong enough to make ranking exercises as a group-decision-making process difficult.

⁵⁵ Distinction of concepts made by Bloor (2001)

⁵⁶ The students were selected according to theoretical criteria generated from the workshops and on the basis of data from the initial questionnaire (questionnaire form in Annex III: AII.2.b).

focus set on the area of education. Afterwards near-future plans, overall life planning and their objectives in life were treated, with special regard to their plans and motivations to migrate. In the beginning of the conversation, open, narrative questions were formulated, followed by more directive and closed questions in the later phases of the interview.

In the interview situation open and broad questioning was sometimes contested with relatively short answers or misunderstandings. Where examples were used for clarification this led to a closer and sometimes more directive rephrasing of questions than intended. Furthermore the interviewer had a tendency to phrase closed questions if fearing misunderstanding. While interviewees mostly found their way from a yes or no into self-revealing explanations that were useful as data, some answers risked to be biased by directive questioning and therefore had to be reflected cautiously or were excluded from the analysis.

Besides the main research activities, talks and informal meetings⁵⁷ have been part of the field experience and were widely documented in a field-diary. Though they were not in the focus of the study or part of the data analyses, they provided a valuable background understanding of nurses' and nursing students' living and working contexts. A review of the NMCM migration register under the instructions of the registrar allowed gaining a clearer understanding of the existent data challenges there.

4. Limitations

Beyond the already acknowledged methodical difficulties, general challenges throughout the study process concerned time constraints and the unavailability of adequate data-sources and literature from Malawi.⁵⁸ The time-consuming approval process and the students' time-schedule reduced the time slots for the organization of workshops and interviews to the minimum necessary.⁵⁹ The sequence was far too dense to allow for more than a rough analysis of main features on site, challenging the paradigm of grounded theory research to conduct data analysis hand in hand with further sampling and data collection. It was not possible to advance sufficiently with the data analysis to get to the point where full theoretical sampling could be assumed⁶⁰ and a large part of

⁵⁷ A guideline-interview with a representative of the National Organisation of Nurses and Midwives (NONM) and informal talks with KCN, NONM and NMCM representatives were held in order to gain further background understanding about the situation of nurses and their motivations to migrate from the perspective of nursing representatives. Further "field activities" were a visit to two district hospitals and the participation in a review-meeting of students and their supervisors as well as, last but not least, the informal contact with the students throughout the whole period of data collection.

⁵⁸ Unpublished or unavailable literature hindered the review of local scientists' perspectives on sociological questions of gender and migration.

⁵⁹ Though the research commissions were cooperative and the proposal prepared beforehand, the different requirements for an approval limited the time of data collection from three months to 6 weeks. As the students were furthermore performing clinical practices and examinations throughout the time of the field stay, the data-collection had to be performed in one month, effectively.

⁶⁰ This regarded in particular the comparison between students with and without migration intentions: Two nursing students (1 male/ 1 female) were selected for interviews, because their questionnaires had revealed negative attitudes and pre-decisions on migration.

the analysis had to be done in the aftermath of the research stay. Furthermore, this research was conducted by only one investigator, which challenges the important methodological suggestion that “*a grounded theorist need not [sic] work alone*” (Strauss and Corbin 1990, 422), as the review of findings in a research team can improve the quality and balance of perspectives of the analysis considerably (ibid.).⁶¹ While the long time invested for the data analysis and the critical review of findings should have served to reduce the impact of the described limitations, they are to be considered when drawing upon the findings.

On the conceptual level it has to be acknowledged that, working prematurely with individual life plans, the weight of the individual in the process of migration intention-building might be overestimated, as household or partners' influences and collective expectations are only taken into account to the extent to which they are highlighted by the individuals or considered with regard to the personal life plan. As decision-making structures, norms and roles within the household are likely to constitute an important influence on the young nurses' migration intentions and prospects this constitutes an important limitation of the study.⁶²

The theoretical conceptualization of the findings will be limited to the generation of segments of substantive theory on migration intentions in the life planning of the research population, giving a fundament for theoretical reflections. The exploratory concepts are meant to inform further qualitative and quantitative studies, which may formulate generalized theory on a broader empirical basis.

While they had been selected to build up a comparison to those favouring migration, the interviews revealed that they were also considering leaving. In one case the deviant questionnaire-response can be explained by a family conflict about migrating or staying; in the second case the reason could not be clarified.

⁶¹ Conducting this research without a team was found to be demanding in terms of personal resources, especially in the moderation of research workshops, while transcribing. It is furthermore acknowledged as a disadvantage in the process of coding regarding the involvement of personal biases. However a Malawian student has crosschecked the transcripts in detail and comments of reviewers have been worked upon thoroughly.

⁶² Several family-specific questions regarding gender-roles and the core family as point of reference in decision-making tended to be biased by the interviewers' expectations. This bias was as far as possible taken into account when analysing the data, but leaves detailed insight into household and family decision-making to further research.

C DISCUSSION OF FINDINGS

Before the role of migration in the students' life plans will be scrutinized in detail, the following chapter gives an overview on the common shapes of nursing students' biographic orientations, the main characters of their self-identities and scripts of life as well as a rough outline of common migration intentions, as they emerged from a general, encompassing perspective on the interview data. This panorama is provided beforehand to clarify the broader contexts, specific life projects and migration intentions are building into.⁶³

1. Students' life scripts, life plans and approaches to migration

Despite the high individual specificity of biographic priorities, common life themes and biographic projects could be identified based on the interviews and are roughly summarized in Table 3 to give a first orientation. They reflect the students' embedding in a family, social and cultural context in Malawi as well as their ambitions to progress towards ambitious professional and private goals.⁶⁴

Table 3: Students' biographic orientations and life projects

Professional project	(All) to further their education to at least master's level (All) to find appreciative working-environments, responsible functions and satisfactory working results, to find opportunities for professional and career development (Almost all) to find employment in leading positions of the health sector (Ministry, University, NGOs, managerial posts)
Partnership & parenthood	(Most) to get married and have children, to live happily with them [The others to lead a happy single-life, independently or with family members]
Family-relatedness	(All) to have good contact with their families and to receive the family's respect (All, different areas) to contribute to the family's wellbeing (economically, caring for relatives, taking over responsibility and guidance for the younger)
Social & socioeconomic project	(All) to reach a higher socioeconomic status (Most) to contribute to the development of the country, to have own investments (Most, directly or indirectly) to become an important, socially appreciated person
Individualization & life style	(Most, to different degrees) to pursue self-actualization, to choose life styles, to gain maturity (Some) to be economically independent, to make individual life decisions
Religious orientation	(All) let life be guided by their God, live in accordance with religious ethics (Several) to provide service and religious guidance to others or to develop spiritual maturity

⁶³The findings presented here are largely generated from a broad perspective on the data, meaning that they do not reflect specific statements of interviews, but the researchers' interpretation of the reported life plans, seen as a whole. Due to this, and in order to avoid duplications with the following detailed discussion, where manifestations of these general traits are analysed, the chapter is kept descriptive, without reference to data or literature. It may accordingly not stand for itself but requires the analytical fundament that is established in the course of the discussion part.

⁶⁴ With the exception of partnership & parenthood all interviewed students pursued these biographical projects. Their approaches varied regarding the main priorities, the sequence of different life projects and the flexibility to adapt their visions and follow alternative life plans e.g. regarding the question of educational upgrade and family-foundation.

By far most students seemed to set the professional life project as first priority, the care for family members, marriage or motherhood were however often equally well-established milestones of the life plan. The envisaged sequence of milestones in their future lives varied particularly regarding the issue of partnership and children: One group aimed to pursue in the first place professional development and obtain economical independence, seen as a precondition of partnership, marriage and parenthood, whereas the common scheme of another group was to get married and even have a child before pursuing their professional development plans. Where students had doubts if they would find the necessary chances to reach their goals, core challenges emerged in the areas of educational and professional development as well as gender empowerment.

As exposed in the conceptual chapter (B 2.2), it is assumed that students' explicit biographic orientations and plans are rooted in specific concepts of self and life that will be tackled in the following regarding main characteristics and ambiguities. The students' general approaches towards their future life⁶⁵ were shaped by a positive basic attitude, which may be explained with their recent graduation marking a decisive starting point to set up and pursue a more individual life plan after leaving the setting of a college that had embraced almost their entire social life since they had left their homes or boarding schools. Beyond that situational factor, a general conviction that, at the end, a Christian God would direct their future life towards a foreseen path was perceived as a source of confidence to approach future with optimism and hope, and as a spiritual guidance through all future challenges.

Most students - men as well as women - expressed with clarity and assertiveness the will to follow an ambitious personal agenda for the coming years and highlighted the expectation to make fundamental choices independently or in equal discussion with partners or family members. The latter aspect may be regarded as distinctive in the Malawian context of youth empowerment, where youths' decision-making entitlements and claims tend to be limited by a cultural principal of seniority, which interferes with independent decision-making of even small day-to-day decisions in the case of young women (Mchakulu 2007; Mahowe 2004).⁶⁶ In this context it could have been expected that the students, in particular the women among them, would refer strongly to the family as the unit of decision-making for future life. However, the nurses describe biographic future visions that develop in the ambiguity between affirmation of age- or gender-related decision-making constraints on one side, empowerment aspirations and strategies on the other side. The latter dominate the general picture: Female as well as male participants stated to negotiate their

⁶⁵ General future plans and visions of the nursing students were almost exclusively tackled in the in-depth interviews, whereas insight on the professional plans and the images of migration stem from a personal questionnaire, group-discussions and interviews alike.

⁶⁶Health survey data on women with similar characteristics as the research population (young, unmarried, educated and of medium income background) demonstrate that others, probably family members, often make decisions on their daily lives for them (Mahowe 2004; see Annex I: Table 2). Mchakulu (2007) highlights that young people's self perceptions and behaviour partly reproduce the principle of elderly decision-making and favour dependence over independence, even if issues of particular importance to youth are concerned.

entitlements assertively with family members and colleagues and several disclosed a strongly individual life planning in the sense that the realization of personal, as compared to family-related goals and priorities was formulated as final end of decision-making in life. This general claim for individual *ownership*⁶⁷ in decision-making constitutes a common angle of the young nurses' life scripts and an impulse towards emancipative life styles, repercussive in different areas of the individual life plans.

Ambitious goals and high expectations compared to their current situation emerged as a second common characteristic of the students' life scripts and self-perceptions: To “*be hard working*”, “*assertive*”, “*score best*” and “*aim high in life*”⁶⁸ were frequent, biographically sustained self-attributions, designing a strategy of action that may be summarized as: If you are given a chance in life, take it and make the very best out of it, dedicating it hard work, optimistic believe and confidence to make the difference. Then you will find possibilities to reach far and be successful.

Particularly high self-expectations became tangible in many areas of the envisaged future, whether in professional projects, self-development and partnership, spirituality or social commitment and moral backbone.⁶⁹ This character of ambition relates strongly to the students' academic habitus, pointing to an elite self-identity and reflecting a public role expectation towards members of the highly educated class. At the same time the connection between ambition and assertiveness inherits an emancipatory understanding of *ownership* of the realization of one's life goals in accordance with individual and collective moral alike.

From here can be seen that several areas of ambiguity manifest in the graduates' life scripts and related self-perceptions. One area regards the orientation towards individual self-determination on one side, strong compliance towards responsibilities and predefined roles in family and society on the other side. This tension reflects a social ambivalence between a strong local culture of family solidarity and collective orientation, and the influence of a global context of social modernization that furthers the importance of individual choice and decision-making to the life course and narrative of self-identity: The young generation perceives binding orders of traditional roles as negotiable in reference to a global social space, associated with freedom of life style choices and diversity in the personal and public sphere (Giddens 1991). The students' migration and return

⁶⁷The term *ownership* is applied here in a non-material sense, similar to its use in German political sciences e.g. with regard to the personal identification with decisions and actions of a group, strengthening the personal feeling of involvement and participation. It means to express the students' attitude of having the right to establish and pursue personal life plans according to their goals, values and self-identities as well as to take biographic decisions in their own name.

⁶⁸These terms were extracted from the interview transcripts as repetitively mentioned core self-attributes.

⁶⁹This attitude reflected in firm commitments to lead a life according to the values of their God, to contribute extraordinarily to the development of their country, their profession and the status of their beloved ones and to stand up for their personal rights as women, nurses etc.

projects, their motivations to leave respectively return and the character of the envisaged lifetime abroad, tend to be shaped by this tension.

A second ambiguity evolved between aspirations to secure socioeconomic stability for oneself and members of the family, and an agenda of social and professional progress and innovation, relating to the character of ambition. The students' concrete life plans integrate these poles in different ways: Sequencing the imagined life course into times for mobility and times for stability, envisioning uncommon forms of settlement or relationship or projecting different life projects into opposite directions. Aspirations towards the pole of personal, professional, social mobility built a main motivator to migrate, while they were commonly embedded into larger life concepts orienting towards stable conditions.⁷⁰

A third ambiguity in the students' life plans directly regards migration, establishing between the aspirations towards a life stage abroad and the ethical valuing of making one's contribution in Malawi. This ambiguity reflects a body of social images about the benefits of nurse migration on the one hand, a social expectation to be successful in and for Malawi on the other hand. These contradicting guidelines are negotiated by means of different legitimizing argumentations within the professional, personal and religious life projects and become manifest in the most commonly envisaged plan to migrate temporarily.

Aiming to bring together these concepts of self and life orienting the students' biographic future stories, Table 4 illustrates congruencies between students' self-identities, script of life characters and biographic future-priorities at this early stage of migration intention building. While the mentioned factors are extracted categories of the interviews, the *characters* do not represent a typology of cases, but a typology of diversely interacting references in the plural identities of each nurse, emphasizing how the biographic projects relate to ambivalent guidance and establish an environment of ambiguous future visions into which migration intentions are positioned.

⁷⁰ Socioeconomic stability is not referred to as stagnation in the status quo but to securing the maintenance of a good and stable quality of life for settlement and family.

Table 4: Cluster of self-identities, life scripts and biographic orientations

Character	Pillars of self-identity	Life script characteristics	Pillars of the life script	Biographic priorities/ orientations
<i>The Care-Giver</i>	Altruistic Family-related collectively oriented, conservative	Spiritual peace/maturity Family harmony Collective wellbeing Conservation of traditional values	Status stability Value stability Collective happiness	Settlement, well-off family, economic & job security, embeddedness ⁷¹ religious activity, moral firmness
<i>The Nobile</i> ⁷²	elite, 'patriotic' power-seeking Controlling Moralist	Social status Self-affirmation Social & professional power National development	Status mobility Prestige Progress	Titles, leadership positions, appreciative environment, particular wellbeing, charity, investment, to leave footprints
<i>The Reformer</i>	academic individualistic modern emancipatory innovative	self-actualisation social innovation cultural change life style choice self-determination	excellence innovation emancipation independence individual happiness	academic/ professional development, social innovation, international exposure, personal & economic independence modern life style

Migration prospects⁷³ meet the individual life plans of most interviewees in the first place as an important opportunity to access the envisaged level of education, develop their life projects and facilitate compatibility between them, as well as to beware them from failure and socioeconomic insecurity in Malawi. The findings point out that existing ethic objections against migration are counterbalanced with the expected individual and social benefits. As many participants of the study assumed that, on the long track, migratory experience would provide them with valuable professional, social and personal benefits⁷⁴, migration owns a preponderant position in their future biographies.

It is the access to higher education that emerges as the most essential expected benefit and accordingly as the main motivation to leave: All students involved in this study were seeking to

⁷¹ Social embeddedness is here not to be understood according to Bourdieu's concept of embeddedness of the individual via its habitus (Sweetman 2003), but is used in a sense of being socially integrated and recognized, embedding ones' decisions into the context of family needs and orienting the life-course towards collective aims (e.g. family solidarity, family formation).

⁷² The term *Nobile* is used in the sense of Bourdieu, who attributes it to known person (in his context due to kinship), speaking on behalf of and exercising authority in the name of a whole group (Bourdieu 1986). It is used here to refer to the degree nurses' social and professional aspirations to distinguish themselves from what they perceive to be an ordinary Malawian nurse, in an attempt to make a change in the profession and not to become an "average person" (Interview P5M, 7), to enter political and other leadership positions and to become a well recognized person in the Malawian society e.g. making investments into charity and contribute to the country's development.

⁷³ The personal questionnaire and card survey in WS 5 delivered first insight into students' personal migration intentions. A clearer picture emerged from a rating of priorities regarding migration in WS 5 (Annex I: Figure 6) and via the interviews, when migration prospects were discussed in the context of the general life planning.

⁷⁴ The personal functions attributed to migration were associated with different aspirations, ranging from economic wellbeing, over social status to self-determination and life style choices. The idea of *greener pastures* abroad is commonly applied but not specified by interviewees or researchers when migration intentions of African health workers are under concern (e.g. Awases et al. 2004; Grigulis 2010; Dovlo 2003), lacking a concrete analytically manageable understanding. It is regarded in this study as symbol of a trend among Malawian nurses to imagine and seek migration as a means towards an undetermined, promising better life.

improve their academic education and almost all considered or favoured the option to go abroad for their master studies, notwithstanding the existence of ethic objections against migration. Students who favoured the idea of a stay abroad expected that the realization of their overall life goals would require a more favourable environment of personal, professional and social development than accessible in Malawi. Students whose expectations were in turn captured by fears to suffer socially, personally or spiritually, described migration as a last option, needed to extend the educational and professional capacities that would be needed to attain their life goals in a later future in Malawi. Their fears were connected with the distance to family members, racist discrimination and violence as well as challenges related to language and access to accommodation. Though several dangers of migration were foreseen in the psychosocial field (family break-up, loss of cultural relatedness and social bonds) they were often projected exclusively to those who would not return to settle (see Annex I: Table 3 and 4). Migration as an abandonment of the Malawian people was perceived to lead to public displeasure. At the same time the common expectation that those succeeding abroad would come back skilled, changed, rich and modernized was associated with high social appreciation for those who would return (ibid.). Most students confirmed a strong inclination towards temporary migration of two to five years: While a number of graduates expressed readiness to take the chances of migration as a means to a comfortable and independent life abroad, most students approached migration as a way to improve their preconditions for success and a good life in Malawi.⁷⁵ Difficulties of a return into the Malawian social and working environment were seldom considered as challenges to a temporary migration plan.⁷⁶ Where students were open or even favouring to spend their future life outside Malawi, satisfaction of their professional, family and individual aspirations was projected into the idea of a life abroad. With reference to these general concepts of self, life and migration, the following discussion of the nursing graduates' life plans and scripts of life analyses and theoretically contextualizes the specific functions of migration in different areas of the life plan.

2. Migration in students' biographic projects

The chapter is clustered along the life projects and biographic orientations outlined in Table 6. Those are approached as *biographical horizons* in the sense of Keddi, i.e. as durable guidance throughout particular life-periods or the overall life course (Keddi 2008; see B 2.1). The initially tackled professional project is taking more space as the findings revealed a strong focus of students on this area at the current point in life, and as particularly complex interactions between migration

⁷⁵These perceptions dominated the students' common perceptions as well as their individual perspectives.

⁷⁶Only one workshop-group mentioned difficulties to return into the Malawian working environment as one long-term challenge of migration, however not a priority issue.

intentions and professional aspirations emerged.⁷⁷ Each life project or biographic orientation will be described briefly before it is explored in the context of individual biographic backgrounds and experiences and immanent scripts of life (i.e. values, motivations and self-identities), common social contexts (e.g. habitus, social discourses and gender patterns) and historical references (esp. to (post)colonial *cultures of migration*). Based on this and with reference to previous findings on nurse migration, the role and importance of migration is evaluated for each area of the envisaged future life. Concluding the chapter, the general findings are condensed and reviewed regarding their consequences for the migration, retention and return potential among the students.

2.1 Migration in the professional project

Outline of the professional life project: At the time of data collection all students were finishing their final examinations and waiting for a call to place them in different governmental hospitals all over the country, where they were supposed to deliver their years of obligatory duty.⁷⁸ The majority of students accepted to do two years of obligatory bedside service before progressing with their career⁷⁹, valuing the working experience and salary to pay-off debt and obtain the qualifications to apply for further education. Whereas a majority had integrated bedside nursing into their life plan as a stage of a professional career associated with higher academic titles and managerial or political positions in nursing or other fields of the health sector, a few students revealed consent or desire to do bedside or community nursing in the long run. The prospect to work in the ward beyond the time of obligatory service was usually connected with fears of a professional and personal stagnation that would endanger a mainstay of their future vision and life script: Educational progress and professional development. All 39 students revealed a plan to go on with their studies up to the master level, 9 students even aimed to continue up to a PHD. The professional migration intentions referred usually to 2-5 years stays to do a master degree abroad and referred mostly to the time after the envisaged years of obligatory duty.

The essential function of migration in most professional life projects emerges foremost from a biographic focus on further education and professional career. Secondly it results from an evaluation of local against global conditions to realize professional plans and coordinate them with other life projects. The discussion departs from the perceived vulnerability of the professional project in the Malawian occupational context.⁸⁰ From there, the understanding of the professional motivations to migrate is broadened in building the biographic importance of educational, social, ethic and gender aspects of the professional self-identity into the picture. The students' common,

⁷⁷ However, this does not mean to state that other biographic orientations such as the social life project would not be equally important to capture the students' biographic motivation to migrate.

⁷⁸ According to Tambulasi and Chasukwa (2012), the current bonding scheme provides for 5 years of obligatory service. The nurses however constantly referred to two years.

⁷⁹ Only one interviewee was already actively trying to find a scholarship abroad.

⁸⁰ Many of the students' frustrations reflect quite closely the occupational challenges for nurses in the public system that have already been discussed in the literature (e.g. Muula and Maseko 2006; Manafa et al. 2009; Durevall and Mussa 2010; DFID 2010).

enthusiastic imagination about migration-to-study is explored regarding inherent references to historically shaped and transnationally enacted images of nurse migration as well as their points of contact with the academic identity of the graduates. Going beyond the common scripts of professional identity and migration, gender differences in the students' biographic perspective as nurses are highlighted with regard to their impact on migration in the professional life project.

The vulnerability of the professional project

At the roots of the migration intentions in the students' professional life projects lies a negative evaluation of their chances to develop professionally within their occupational environment in Malawi and apprehensions that their occupational reality would provoke failure of the professional project on different levels. A condensed compilation of the graduates' professional ambitions, frustrations and individual consequences is provided in Table 5. It reveals how concrete working conditions, hospital hierarchies and socio-political structures of the Malawian health system are perceived to translate into barriers to the professional satisfaction, status and career development, which determine the students' professional life projects.⁸¹

Though the young nursing students approached their professional environment with frustration in the first place, they also contested the encountered conditions with a strong ambition to “*make some change in caring for people*” (Quest., P2F), in political and structural grievances of nursing as well as in the quality of care at the bedside.⁸² Aspirations to make a contribution to improve the practice and status of nursing in Malawi were expressed with an attitude of protest as well as commitment towards the professional mission of nursing, in particular tangible among female students.⁸³ This moral self-expectation is evaluated against the encountered barriers to change and the individual chances of professional development, which stand out as the premature concern of most students. Frustrating working conditions in the hospital disclosed as a push factor in the occupational orientation towards managerial positions and alternative work settings (e.g. community work and advocacy), with major concerns about personal recognition, safety from infection, quality of care/satisfying outcomes, under-staffing and payment:

⁸¹Students' visions of the working reality were formed by their experiences during the months of clinical practices in different government hospitals and their contact with health government institutions, their visions of change refer to their academic idea about health care problems in Malawi.

⁸²The idea to make a change in the nursing profession, referring to caring for people, nursing management and politics, was recurrent in several interviews and workshops (e.g. WS1, Interview P2F, Interview P25). Where the expression is repeated in the following, it alludes to these interviews.

⁸³ This attitude revealed most clearly in the interview and discussion statements of P25, a female nurse, who strongly rejected to work under the conditions of Malawian hospitals, which she regarded as degrading to nurses and patients. She made the condition that, if this was not be addressed politically, she would be ready to leave the country. At the same time she expressed high vocation to deliver nursing care from the heart and had defined ideas about her contribution to make a change in nursing, addressing nutritional health problems as a community nurse, as she perceived that patients coming to the hospital were often already too ill to be cured (see Interview P25; WS 4).

Table 5: Occupational aspiration, frustration and individual reaction

	<i>Working Conditions in hospitals</i>	<i>Hospital Hierarchies</i>	<i>Socio-Political Structures</i>
<i>Students' aspirations</i>	<p>Application of qualifications and deliverance of good nursing care</p> <p>Satisfactory caring results that patients, the public and they themselves can honour</p> <p>Having a long and healthy life</p>	<p>Responsibility on the job</p> <p>Influential positions (e.g. ward in-charge)/ power to shape services and conditions</p> <p>Professional recognition as highly-qualified nurse</p> <p>Having an appreciative working-team and possibilities of capacity development on the job</p>	<p>Public Recognition for their effort and service</p> <p>Representation of Nurses Affairs</p> <p>Stable contract and payment conditions</p> <p>Access to further education within the next 5 years</p>
<i>Conditions met</i>	<p>Lack of resources and staff; settings of improvisation; low quality care</p> <p>Lack of qualification and commitment of colleagues, unfortunate staff allocation, communication and management failures</p> <p>Low hygiene standards and awareness</p>	<p>Fixed hospital hierarchies structured by years of duty</p> <p>Seniority principle, discrepancies between their level of education and their position (e.g. being supervised and judged by diploma holders)</p> <p>Disrespecting, absent are incompetent supervisors, leaving young nurses alone with problems</p>	<p>Feeling that the political level represents only patients', not nurses' affairs</p> <p>Insecurity of first working-placements, unexpected reduction of payment till NMCM license is obtained (student contract)</p> <p>Long waiting-lists for midwifery course, high competition for master's in Malawi, long waiting-lists for government sponsored master's places</p>
<i>Resulting problems</i>	<p>Limited possibilities to practice the quality care they were taught to deliver</p> <p>Destruction of the fruits of work and effort, powerlessness against curing failures and patients' death</p> <p>Facing negative public reputation of nurses due, being unsatisfied with the results of one's work</p> <p>High infection risks and fear of infection</p>	<p>No participation in management decision; little responsibility</p> <p>Slow upward-mobility into higher positions, no performance-based upgrades</p> <p>Poor access to trainings on the job, reduced motivation to perform well, unfortunate learning-conditions at the bedside</p>	<p>Economic precariousness</p> <p>Unsettledness of future plans</p> <p>Frustration of ambitious life plans</p>
<i>Individual consequences</i>	<p>Learning and practising good nursing abroad</p> <p>Upgrade in education (Master), to enter managerial and political positions and promote changes</p> <p>Focus on community nursing and health advocacy/awareness work outside the hospital</p> <p>Focus on Psychiatric nursing (less infection risk), NGO work</p>	<p>Negotiation of employment conditions</p> <p>Obtainment of a master's degree to insure fast upgrading into influential positions</p> <p>Leaving the hospital setting into managerial or NGO settings</p>	<p>Looking for opportunities abroad and in the private sector</p> <p>Upgrade in education (Master) to enter positions in the Ministry in order to make a political change for nurses</p>

In their first working setting, the hospital, young nurses encountered power relations informed by seniority and favouritism, associating their young age with greenness, low responsibilities and entitlements to suggest adjustments. According to the students' perception these conditions limit their possibilities as highly qualified and ambitious junior staff to participate in decision-making and management, to apply and improve their knowledge and capacity and to be called into higher and more rewarding functions.⁸⁴ Research by Tambulasi and Chasukwa (2011) and by Muula and Maseko (2006) (see A 2.) support the students' perception about unclear career paths and sluggish promotional processes, highlighting the institutional and organizational dimensions of the problem, in particular the absence of a Health Service Commission in charge of health workers' promotion and the institutional discrimination of degree nurses against clinical officers in leading functions. Additionally to these critiques, the students' perspective focuses organizational challenges within the nursing management, foremost the association of entitlement with seniority and the problem of arbitrariness of nursing managers as well as governmental nursing institutions⁸⁵, impeding that the young graduates' educational status after four years of academic training translates into an according occupational status and thus interfering with their occupational interest⁸⁶:

"[...] [the problem] is that like here in Malawi, the nursing profession - you would see that most of the people - when you are trying to make maybe a change in something - they would say: You are very young. What do you want to do, want to say? Like those veterans who have been working maybe for more than 20 years, 30 years - frankly speaking they discourage us... You would see that maybe the District Nursing Officer would say: We are having this workshop - of which I believe, attending the workshop, it's also part of professional development, because you went there and you gained some new knowledge - they would say: Ah, should we take this one or this one? This one is so young; she has just come this year, let her be working in the ward." (Interview P2F, 11)

"But you go to work, you work, you work and at the end someone comes and he shouts at you: Hey hey hey, why did you do that? This ahead really demotivates you. But you should see, you should feel, when some other people, someone who looks at us, they should try to appreciate that this is what we are doing and we are doing good. And some areas of improvement - these are the areas that you can improve. That motivates me."

(Interview P32F, 18)

Commonly, the nursing profession is associated with job security and stable income (Annex I: Table 5) – i.e. a modest but stable economic situation - and traditionally received its social prestige from the positive connotation of nursing with high skills and A Christian vocation to care (Grigulis 2010). The relatively recent introduction of academic training for Malawian nurses however positions the young graduated nurses in a context of professional ideology honouring altruism and

⁸⁴ E.g. in workshop 1 and 4 students complained about young qualified staff's low entitlement to enhance changes and speak up for their own interests, as they would be supposed to serve in the least attractive areas before being given these right.

⁸⁵ Graduates' salaries were cut down to the amount of a student allowance till the license of the NMCM would be obtained and days after the final examinations students had not yet received their working-placements, though they should have been informed two weeks earlier. These changes were unsettling students who had planned and/or necessitated to generate income immediately after their studies. With regard to the college administration students pointed out that they were obliged to work while writing their research papers though they were supposed to receive 2 weeks off and that the college had tried to channel them into placements for clinical practices without considering their priorities.

⁸⁶ While these problems are located in the nursing hierarchy, they appear as reflections of broader social issues: As Buchmann (1998) has accentuated, the challenge to translate educational capital into occupational status constitutes a core challenge and aspiration in young people's life-course planning within modern societies. While the social and labour market contexts of the USA and Malawi and the reasons for occupational status insecurity differ considerably, the core challenge and its importance to the professional life-course planning seem to be largely similar. At the same time the low entitlements of the young generation of nurses may be seen as a reflection of the low decision-making authority of youth in Malawi, tackled previously (see C 1.).

decent mediocrity *and* an academics' context requiring self-promotion as well as ambition towards high socioeconomic status and socially sanctioned *nobility*. From a broader societal perspective and considering the exclusivity of education in Malawi (see A 2.), the privileged status of a graduate engenders a body of public images that engrave high expectations to their *public life course*, regarding the attainment of personal success, social status and wellbeing of the graduate and her/his family (including e.g. health care, protection of the pension-age life standard, financial, housing and education needs of siblings' families). While also lower cadres of nurses may find themselves in a struggle for the appreciated upgrading prospects in nursing (Manafa et al. 2009), the public view on the highly-skilled young nurses and their social contexts of reference tend to be associated with higher career expectations compared to general Malawian nurses' public life course frame.

“What happens here is: You find that you have upgraded, you have gone high with your studies, you are a nurse. Then you are called into managerial positions”. (Interview P25F, 20)

This career expectation constitutes a status conflict for academically trained nurse at the point of occupational orientation and life planning, where low occupational career potentials on the Malawian government-nurses' labour market stand against their ambitious professional goals and the social expectations towards them as young academics and junior professionals of Malawi's educated elite. Resulting from the multileveled barriers to professional development, the students expressed fears that a career “from the scratch” of bedside nursing would not lead them towards a satisfaction of their status aspirations after four years of academic training.⁸⁷

Further academic qualification, assumedly enhancing opportunities of promotion and access to positions on ministerial level, was regarded as the most attractive exit-strategy towards new development potentials (Table 7: *Individual consequences*), pointing to the students' academic self-identities and priority on educational titles and skill development over fast financial security. Where the NGO sector was envisaged as a further alternative, it tended to appear in the second place or as an opportunity for later years. While employment in NGOs or IOs in Malawi is attractive due to high salaries, its recognized weakness concerns the lack of opportunities for local staff to develop professionally and access further education (RoM et al. 2007). The students show an awareness of this situation in their planning, as they prefer the government system as employer throughout the first years, while NGO employment is considered attractive to improve income in later years of the professional project.

⁸⁷ Status aspirations are considering positions and responsibilities in the occupational hierarchy, income and public recognition as an important person.

The biographic importance of education

Biographically formed self-perceptions deliver an important background to understand the students' priority on education, which in the Malawian context of academics (in nursing and beyond) associates with a susceptibility to go abroad.

The students' biographic stories reveal education as a fundamental life script element. Most interviewed students settled their decision to go far with education in their early childhood or, less often, in secondary school age, encouraged and supported by motivating attitudes towards education in their social environment, usually by parents, siblings or extended family members or - in substitute - by neighbours, teachers or friends. Nine out of ten interviewees subsequently acknowledge family's, neighbour's, teacher's encouragement and assistance as an essential factor in their schooling careers. Beyond psychological encouragement, several interviewees reported that their father's intervention had been necessary to open the chance to enter a good secondary school, as by examination performance they had only been selected to low quality Community Day Secondary Schools.

These findings point to family values and expectations as well as family solidarity as essential driving forces towards educational attainment of most nursing students. Even where parents counted with no or minor education attainment, the students' family and social backgrounds embodied high levels of cultural capital in their habitus⁸⁸, regarding schooling as a priority and being ready to invest in it while educating the children to be hard-working at school.⁸⁹ Role-models' and parents' arguments to reach high in education ranged from obtaining higher income for the family, increasing chances to find a well-situated husband and improved social status, to the furthering of personal intellectual and career ambitions – arguments which transmitted a broad value of education for a successful future also beyond the professional life project.

It is notable in this context that all students talk about (in particular fathers' and brothers') “encouragement”, but never about pressure, indicating that the value of educational success and a hard-working attitude are adopted by the young nurses as an intergenerational principal and biographic guideline.⁹⁰ In line with this interpretation, several individual stories of students⁹¹

⁸⁸Bourdieu defines habitus as the embodying of family and class related experiences with social and economic conditions. The habitus shapes the perceptions about social realities and determines, often unconsciously, the strategies of action that are and can be pursued. (Bourdieu 1986)

⁸⁹Family encouragement of education and parents pursuing higher education to improve the situation of the family during students' childhood time established education as an essential value and rewarding resource to secure well-being and reputation, even where family members' encouragement for school was not connected with own educational attainment. As also found by Jamison and Lockhead (1985) regarding children's schooling in Nepal, beyond the socioeconomic situation the attitudes towards education in the family tend to have a decisive impact on students educational attainment. As previous studies (Grigulis 2010) as well as impressions from this study suggest, the socioeconomic background of Malawian nursing graduates is relatively heterogeneous, including also students from poor families. In this situation the valuing and support of education in the family appears to have particularly high importance.

⁹⁰In particular among students' fathers, continued education and late entry into tertiary education were common, so that many students observed adult education at home as a good choice in life and were thankful that they were given the chance of tertiary education early in their life-courses already. Solely one male interviewee described that his family was little inclined to education and

pointed to their high personal commitment for education, even in episodes of economic hardship, when family encouragement was unavailable, or where low performance and frustrations of professional prospects affected their success. The students' general character of ambition revealed most clearly with regard to this educational and professional life project and was evaluated as an essential personal quality to promote a successful professional future⁹².

According to Bourdieu (1986) the family represents the core institution for the transmission and embodiment of cultural capital, defined as accumulated labour that, in embodied form (as disposition), objectified form (as cultural good) or institutionalized form (as socially objectified disposition), creates cultural capacities to generate further cultural capital and translate them into profits on the level of social and economic status (Bourdieu 1986). The presence of a high appreciation for and support of education in the students' families and social environment, can be regarded as a general furthering conditions to accumulate the cultural capital of education from early childhood on. The individual training performance and commitment towards extraordinary success at school indicate the embodiment of this educational capital at a (in the Malawian context) distinguishing level (see A 3.), as well as a high awareness of the usefulness of this resource to expand economic as well as social power. This biographical awareness of education as a capital constitutes an important determination of the young nurses' (cultural) capital acquisition in future (Bourdieu 1986) and can be regarded as essential for their strategy of action in the professional life project to be hard-working and aiming towards distinguishingly high levels of education.

The process of career choice-making sheds some further light on the students' common priority on education and their strategy of action to obtain professional goals. All students had reached high MSCE results at the end of secondary school and were already decided to head towards tertiary education by then. However, the nursing profession was not what most participants were initially striving for: By far the majority of the participating female students had applied in the first place (and often also in the second and third place), for other careers, ranging from Agricultural Engineering and Business Administration over Law, Political Sciences and Media for Rural Development to General Medicine.⁹³ Most male students had aimed to become Medical Doctors but, failing in the entrance examinations of the College of Medicine, finally chose nursing, following rumours that a switch from the nurses' to the doctors' programme would easily be

attributed his schooling success to good leaning results and personal interest in school.

⁹¹(E.g. Interviews P5M, P25F and P2F)

⁹²Each individual action can be regarded as an integrated part of the larger activity of organizing one's life, in which strategies of investment of accessible resources of cultural or economic capital are organized towards a strategy of action aiming to maximize material and symbolic profits in order to reproduce or enhance the individual's social position (Buchmann 1989 citing Bourdieu).

⁹³ Several students indicated that the majority of their classmates (beyond those participating in the investigation) had also been selected into nursing, though their choices had been in other study-areas, pointing to the general practice of channelling students into nursing.

possible.⁹⁴ Where female students did not vote to do a degree in nursing they were usually selected into the career by the University of Malawi, which had to fill more study places in nursing in recent years.⁹⁵

Most female nursing students accordingly faced an early deflection of their envisaged professional future, implying the necessity to abandon their original professional interest for an acceptable compromise and to develop motivation and ambition for nursing as a profession connected with particular personal challenges. To enter an UNIMA required therefore not only excellent performance at school, but also the readiness to make a fundamental compromise:

"[...] the problem is about the chances that one has here in Malawi. When an opportunity presents itself to pursue higher education, personal education, you just take it because it presented itself (others laugh agreeing), because we know: It's an opportunity for you and you will lose it! Because maybe, many think that, comparing to other countries, whereby when you want to do something, you really have the choice to do something, you really do that thing, you do it. Maybe in the position we are given, we have been forced into the profession because we had no other option. So it's different here when you have been selected to do personal education, you just take the chance." (WS 1: P4F, 3)

"Participant P25F: I never thought of becoming a nurse, I was someone who was so afraid of seeing patients, even I would cry if someone is sick at home I would not go closer to them.

Researcher: Oh, so you had a hard time.

Participant P25F: But now everyone tells me to say: Hey, you are very good in the clinic, but I never liked even visiting people in the hospital: If my mum or dad takes me to the hospital to see a patient I would stay or sit outside, I would never go in. Oh, but now I have grown to do best.

Researcher: It must have been very hard though...

Participant P25F: Very, ya, even the first day I came here, it was very difficult for me when they took us for orientation. It was bad, very very difficult. But then little by little I developed it." (Interview P25F, 5)

While several female students confessed that they perceived and accepted their selection into nursing as a prophecy by their God, they made at the same time a decision against their original vocation to maintain educational career prospects. The admission into the nursing programme accordingly classifies as a religious call and an open door towards a professional career based on academic qualification. The social influence on the students' status-related career decision is highlighted by their acknowledgement that the advice of family members, friends and acquaintances as well as public images and rumours about the profession had shaped their decision to accept nursing. This advice usually informed students without initial motivation for the profession about the external status-related benefits of the nursing profession, in particular opportunities of career advancement, eventually connected with migration opportunities, and the security of immediate employment after studies (Annex 1: Table 5), therewith supporting a career

⁹⁴ These rumours dated back to what had been told by nurses holding promotion talks in secondary schools.

⁹⁵ An initiative by the Malawian Ministry of Health and several development partners to address the country's nurse shortage had raised the training capacities in nursing. It is likely that the increased number of study places in BSc Nursing, compared to the capacities of other degree programmes, has led to a misbalance between demand and supply, provoking a need to channel applicants of other programmes into the nursing career. In order to enter the study programme students still had to pass an examination particularly focusing questions regarding motivations and ethics of nursing.

compromise focusing on compatibility with the aspired social status.⁹⁶ In the same line, the students' compromise values status over vocational interests, in accordance with the psychological observation of Gottfredson (1981), arguing that the area of vocational interest only gains influence in career compromise-making where sex-type and prestige level are minimally acceptable (i.e. the occupation is within a person's *social space*) (Gottfredson 2005).⁹⁷ Not to accept the University's offer to study nursing would have meant to risk the social status and appreciation connected with tertiary education at the locally prestigious University of Malawi (UNIMA) and eventually to lose the access to tertiary education at all.

That the young nurses commonly subordinated their vocational interest to the chance to obtain educational status constitutes a legacy of education success at the roots of the professional identity that perpetuates the importance of academic progress into future.

Relating the students' biographic experience of education to their individual life plans, it may be argued with Gottfredson that they develop their professional identity and aspiration in the frame of an elite *social space* of reference that demands a prestigious level of education.⁹⁸ Being a graduate was frequently used as self-attribute and proof of the personal ability to pursue higher goals in education and in life, which highlights that the personal identity is strongly linked to the professional one.

Furthermore, many students described that their extraordinary educational success had earned them an important role-model position, i.e. a status improvement, in their family⁹⁹ and the strong academic focus of the peer group of nursing graduates and the broader social reference group of Malawian academics establishes high educational attainment as the essential social element of common professional identity, effecting social membership and opportunities to develop social and socioeconomic capital in the sense of Bourdieu (1986).¹⁰⁰

The deviant case of a woman who had chosen nursing independently as her first career option, against her family's advice to become a physician, strengthens these findings.¹⁰¹ While migration

⁹⁶ Only one student reported that her parents had convinced her to choose nursing instead of law because of her kindness, suggesting the eventual impact of gender images. (WS2, P12F)

⁹⁷ In turn, people look outside their *social space* only when they see no accessible options within it, pushing their tolerable prestige level boundary further out than they do with their tolerable-sex-type boundary (Gottfredson 1981).

⁹⁸ As highlighted by Gottfredson's theory of professional decision-making, career decisions are usually taken in reference to expected professional status, but not always aim towards the highest possible status as the individual's *social space* tends to regulate the aspirations: Accordingly, vocational compromise follows the individual's self-positioning in a *social space*, excluding professions whose sex type, prestige level or difficulty are evaluated as inappropriate in the person's social reference group and from its social vantage point. According to Gottfredson, only within this framework occupational options are later prioritised by the expected personal fulfilment and compatibility with personal characters (ibid.).

⁹⁹ Even if older siblings had also managed to enter tertiary education, their success to have entered UNIMA was mostly exclusive in the family.

¹⁰⁰ As will be explored in the chapter on social and socioeconomic life projects, the local *social space* of academics is rather to be understood as a transnational as the group shares a habitus of global social membership through education.

¹⁰¹ Her story highlights the importance of migration in a context where bed-side nursing is the professional prospect and religious motivations to serve God via nursing care dominate the professional future vision: Her migration-intention clearly restricts to the

inscribes into her professional vision to serve as highly skilled nurse in Malawi's public system, the academic self-identity of aiming towards higher education continues to be the professional driver to leave:

“So it's like you get developed by and by professionally, as you are working in the district or where ever they have posted you. But (sighing) still that wouldn't be enough; we would still want to do something a little bit higher.” (Interview P31F, 16)

The case highlights that even degree nurses who did not choose nursing as a mere compromise for career may count with an academic professional self-identity and social identity, demanding to seek further educational and skill progress, which thus questions whether students selecting the career independently would be less touched by the dynamics of education, career and migration.

Not only the academic professional identity of the young nursing students creates a fertile ground for migration intentions but also the professional ethics of nursing:

“On nursing as a profession in terms of migration it's important, because nurses, we are not limited. Everywhere you can care for people as long as it is a person: We can care. So whether you are abroad or stay in the country, but if you are a nurse, you can care.” (WS 1: P4F, 1)

Regarding the life plan ambiguity on the ethical valuing of making one's contribution in Malawi or taking the chances abroad (see C 1.), the professional ethos of nursing functioned as a moral legitimization for migration. While sharing ethical concerns towards migration on a personal and social level, several female nurses adopted a positive religiously tinted moral attitude towards the migration of nurses in general, in counter-balance to the public expectation that Malawian nurses should serve Malawians.¹⁰²

The recently graduated nursing students share the strong motivation to seek professional development abroad with other nurses and health professionals in Malawi.¹⁰³ However, as the above discussion has highlighted, their biographical (hi)stories, family and peer group environments shape particularly strong self- and social expectations towards future educational and professional career attainment, which reflect in their concrete life plans and professional priorities. Accordingly, the professional self-identity of the student is to be understood essentially as an academic one in the first place. The biographic academic aspect of professional identity as well as the ethical aspect of nurses' borderless mission of care establish linkages between the students' professional identity and

opportunity of further academic education in psychiatric nursing, which is inaccessible in Malawi and sought to promote her skilled care in a nursing-environment with low infection risks and highly needy patients. The chances of migration are however subordinated to religious obligations (freedom of worship in the country of destination) and the imperative to care for needy family members (restricting migration to other African countries).

¹⁰²When confronted with text passages questioning the ethics of nurse migration from a moral and humanitarian point of view, students countered that from their understanding the nature of nursing was to care for sick humans regardless of their country or context (WS 4).

¹⁰³Manafa et al. (2009) have ranked access to further and in-service training among the most appreciated areas among middle cadres of the Malawian health workforce.

their aspirations towards migration, tackled in the following and towards a global professional membership, as will be further explored with respect to the students' social life projects.

The yearning for migration-to-study

In the situation of the nursing students, the low probability of admission to a master programme translates on the individual level into insecurity about the realization of the educational and professional project, leading to a vulnerability of the overall life plan in the Malawian context: Though opportunities to do Master studies in Malawi are rare and the access to them socioeconomically selective¹⁰⁴, almost all participating students' consider academic titles beyond the Bachelor level as an essential element of their profession projects, creating a fierce competition. Unfortunately, partly due to course cancellations and new curricula, this competition extends beyond their cohort regarding Midwifery and Master programmes¹⁰⁵.

Many students' described their migration projects within this context as a necessity (rather than a mere opportunity) to reduce the vulnerability of their professional career outlook and to satisfy their self-expectation to become highly skilled professionals. Seeking migration for professional development, they repeat a common scheme of nurse migration often related to further studies, which has been identified as one of the main reasons for migration among UK's overseas nurses from different origins (Alonso-Garbayo and Maben 2009; Buchan et al. 2006; Grigulis 2010). Concrete inducements for migration concerned the wish to specialize in professional areas not offered in Malawi at all (e.g. MSc in Community Nursing or Psychiatric Nursing) and the expectation to find study and work environments that would enhance new professional inspiration and opportunities to improve one's practical qualification. Several students even expressed that they would prefer further training abroad and abstain from applying for KCN master's because they wished to find a new professional environment, better styles of teaching and a supervision that would give more recognition to their own learning goals.¹⁰⁶ The majority however was worrying

¹⁰⁴The number of Master Programmes in Malawi is small but increasing: currently 4 small programmes (less than 35 places) are open to Nurses: MSc Midwifery (since 2009), MSc Reproductive Health (2010), MSc Child Health Nursing (2010, in partnership with the University of Cape Town), MSc Public Health. Besides from the Master in Public Health, where nurses compete with all other BSc graduates from the health sector, in particular with physicians, the courses require a certificate in midwifery to enter the programme. Applications consider examination performance, years in service and professional qualifications. Master careers in Malawi are full-time programmes connected with high student fees. Admission therefore tends to be selective, as the option to work and study is blocked making savings or access to loans a precondition to stem the financial burden.

¹⁰⁵The students' Bachelor programme of General Nursing does not yet include the midwifery certificate, which is necessary to gain the title of a Registered Nurse/Midwife, required to access higher cadres of the nursing hierarchy as well as nursing-related Master programmes in Malawi. The students were hardly able to estimate when they would get a chance to enter the 1-year certificate course due to a limited number of course places and a course cancellation in the previous years. They might find themselves in an unfortunate position, as the previous cohort could be admitted first, while the cohort following them will advance directly into the position of a Registered Nurse-Midwife via a new curriculum. On behalf of continued education programmes in the public health service, a growing number of already experienced nurses have furthermore been trained at Bachelor level in a "post-basic" course at UNIMA and are likely to present a further competitor for Master Programmes in Malawi.

¹⁰⁶The only student with clinical experiences abroad (a beneficiary of a scholarship for clinical practices in Finland) reported to have been very inspired by the different learning environment focusing on personal priorities. Though students generally showed high appreciation for their lecturers, many alluded to a lack of such encouraging supervision practices in college and clinical experiences. They perceived some information and decision-making practices as an affront towards their learning interests and rights. Actual

first and foremost to find access to any Master programme because they did not expect to score high enough to compete successfully for one of the few study places: Not being among the best graduates of the year, they feared up to 10 years waiting-time before admission to a Malawian Master programme, bringing the professional progress into conflict with other life projects. Contrariwise, the expected conditions of further education in the UK included the broad availability of study programmes and colleges, lower school fees and easier access to scholarships as well as the possibility to combine work and study.¹⁰⁷

Beyond the original biographic value of education the students hold high expectations in the career effects of a Master title which explain from the perception that it would further validate and “institutionalize” their status of a highly-skilled health professional, translating the currently little valuable cultural capital of their bachelor degree on behalf of a higher valued, international title into attractive job-positions and social and economic wellbeing.¹⁰⁸ As outlined by one student the social position can be more relevant in the idea about the value of institutionalized education than the expected financial gains:

“Researcher: So further study leads to money?”

Participant 26: I also think, but less important, it leads to “self fertilization”[?]. You feel like at least I've reached something to be satisfied.

Participant 29: And you are also educated. For example after doing masters, when you come back here to Malawi, you become a boss; you have your work done by others. (Some laugh and giggle).

Participant 30: I think, as she said, it sounds different, if you own a Dr. [Veronica], you get very much honoured by that! But if you are called Professor Veronica [gesture expressing: Amazing/ higher]!” [Name changed] (WS 4, 9)

Migration expands the strategy to develop professional and social status via advanced education into the transnational field. Working and studying abroad is expected to ameliorate the professional status as the occupational conditions are associated with economic and social capital benefits and securities.¹⁰⁹ Furthermore, a master title from abroad is expected to generate a distinctive status increase upon return, when the educational system abroad is prestigious among Malawians, as in the case of the UK as the colonial source country of the Malawian educational system (Grigulis 2010).

examples concerned e.g. that they had been acknowledged short-handed that they would have to work in the hospital during two weeks reserved for writing their final research papers, and that the college had tried to allocate them for their clinical practices without considering their preferences, which had been successfully battled by the students' representatives.

¹⁰⁷ Under this perspective, even students with negative attitudes and expectations towards the personal experiences and challenges of migration considered a migration-to-study project.

¹⁰⁸ While, according to Bourdieu (1986), not-institutionalized cultural capital is constantly required to prove itself and therefore vulnerable to de-qualification, academically sanctioned cultural capital is, instituted by “collective magic” (Bourdieu 1986, 51), formally independent from the person of its bearer and legally connected with different entitlements to access higher positions and remuneration on the labour and social market.

¹⁰⁹ According to Marshall professional status derives from: “(1) ‘market situation’ entailing an individual’s ‘economic position’, shaped by ‘source and size of income, degree of job-security and opportunity for upward occupational mobility’; (2) ‘work situation’, meaning the ‘set of social relationships in which the individual is involved at work by virtue of his or her position in the division of labour’ and (iii) status situation denoting the individuals’ position ‘in the hierarchy of prestige in the society at large’” (Marshall 1998 quoted in Aboderin 2007, 2240).

Considering studies on the actual professional development opportunities of overseas nurses in the UK describing the experiences of (professional and social) status loss of African overseas nurses, up to the point of an “*embodiment of discrimination*” (Larsen 2007, 1), an immense gap between migration intentions under the imperative of status generation, and migration experiences of professional and social status deprivation in the destination-country context becomes tangible. Findings of Grigulis (2010) furthermore point to the difficulty to pursue studies while covering the daily needs and sending money home, which leads not seldom to failure or endless prolongations of the migration-to-study project. Malawian research findings furthermore question the students' perception that a Master degree plays a decisive role for career promotion in Malawi's health system (Tambulasi and Chasukwa 2011; MSH 2009; RoM et al. 2007). They point to inefficient personal management structures for higher cadres, including the ministerial level, which hamper also the career development of Master degree holders.¹¹⁰

These not anticipated risks of status loss abroad on the one hand, low status potential of the academic degree on the other hand bear a fundamental threat of failure to the professional life project in general. At the same time, the huge gap between personally and socially anticipated benefits of migration and academic titles as compared to the actual situation highlighted in the research, point to the illusionary character of the biographic narration on migration. One concrete aspect of the nurses' idealistic narrative about the UK was the expectation to practice “*the ideal nursing*”¹¹¹ learned at university. The vision of Britain as the ideal place for nursing is explained in the context of resource scarce working settings, where the taught procedures are often inapplicable and improvisation and quality of care losses mark the daily experience¹¹².

At the same time it can be related to the (post)colonial link of (nursing) education in Malawi sharing the British education system and curriculum for the Bachelor of Nursing (Grigulis 2010). The association between the *ideal nursing* presented at University and British nursing, transfers the colonial idea about the superior British knowledge and practice in nursing to Malawian students, who associate opportunities to study and work in the UK with the privilege of gaining status superiority towards local nurses.¹¹³

Larsen et al. find similar pre-migratory imaginations among South African overseas nurses, underlining the existence of a widely spread myth of British nursing:

“*Oh, this is where we learn everything from.*’ And so I expected to learn a lot and be able to take back something to South Africa. (Female, 50 years old, South African, white, D grade)”;

¹¹⁰To my knowledge there are no statistics on the academic status of personnel in the higher administration and ministerial positions of the Malawian health system.

¹¹¹Recurrent statement in workshop questionnaires and students' written documentation of small group discussions (Questionnaire statements: “*What do you think about migration?*”; Written statements: “*Motivations to migrate*”)

¹¹²The students applied the term in this context in their written statements.

¹¹³The power relations inherent in colonialism explain the notion of superiority and truth with which imperial nursing was imposed on the colonized and the profound devaluation of local knowledge (Hallam 2000).

"I was just expecting everything, as I say, a higher standard because we're told 'Oh, where you are going.' [...] and you just say 'Oh, I do like England. I am going somewhere.' (Female, 54 years old, South African, black, D grade)" (Larsen et al. 2005, 360).

The students' high expectations to "*get the sense of appreciation*" (Written statements) when working abroad¹¹⁴, contrasting sharply with the actual experiences of many African overseas nurses in the UK, reflect colonial status-definitions of the imperial nurses who introduced nursing as a prestige-profession of white (and selected black) middle-class women (Hallam 2000; see A 2.). The frequent citation of Malawian overseas nurses' positive experiences¹¹⁵ stresses in this context the necessity to approach the illusionary character of migration intentions with regard to a tradition of nurse migration and an abundance of positive social narrations of migration. Stories of former generations of nurses abroad, can lead to a continuous reproduction of mythic connotations between professional progress and social prestige, regardless the concrete experiences of the migrants¹¹⁶: In view of the risk to destroy their symbolic capital, nurses may not feel free to talk about problems abroad but instead report only the expected personal success stories of migration. The biased images evoked back home may in turn contribute to the construction of a myth of migration, as has been the case in the context of labour migration from Bangladesh to Malaysia (Dannecker 2003). This situation is likely to apply in the context of Malawian overseas nurses who need to bridge a huge gap between social expectations and actual opportunities abroad, similar to Bangladesh's case.¹¹⁷

The historical association between the prestigious status of nursing in the *West* and the common idea that migration increases nurses' professional capacity expand the social status expectations connected with migration. This social imagination meets the individual prospect of exposure to a modernized nursing system *and* an upgrade of personal educational capacities, both representing exclusive privileges. Jointly they add to *the symbolic profit of distinction*¹¹⁸ in the Malawian society and attribute to the opportunity of migration-to-study an outstanding value to enhance occupationally and socially appreciable perspectives in Malawi.

¹¹⁴This image revealed in the workshops regarding nurses' general motivation to go abroad, as well as in their personal reasoning and expectations.

¹¹⁵In the small group discussions the students were asked to name the common motivations of Malawian nurses to migrate, i.e. to reproduce their social image about nurses benefits of migration. Several interviewees referred in their descriptions about migration intentions to positive experiences of other nurses abroad (see particularly Interview with P5M; also Interviews P2F and P36F)

¹¹⁶*"Regardless of the experiences and the social and economic realities the migrants are confronted with abroad, a social behaviour, namely a specific way to narrate the migration experiences, accompanies migration and return, leading to the reproduction of the myth of migration."* (Dannecker 2009, 14)

¹¹⁷Grigulis (2010) has highlighted that Malawian overseas nurses find themselves confronted with overwhelming family expectations of support to which they try to conform in order to avoid disappointment and secure their position in the family. Their statements suggest that euphemistic images about the wealth, working and living conditions of migrant nurses are maintained towards those seeking migration, as uncovering the myth is expected to be dismissed as envy to see others equally well-off: *"[...] they will say I discouraged them and I am doing better, built houses, and I have got a car, and they haven't had a chance to come here because I told them it's a horrible place. How come I am able to stand this horrible place?"* (Lindiwe quoted in Grigulis 2010, 187)

¹¹⁸*"[...] the specifically symbolic logic of distinction additionally secures material and symbolic profits for the possessors of a large cultural capital: any given cultural competence (e.g., being able to read in a world of illiterates) derives a scarcity value from its position in the distribution of cultural capital and yields profits of distinction for its owner."* (Bourdieu 1986, 245)

Gender and professional identity

While the attractiveness of migration among the students emerged as a cross-gender phenomenon, the gender of nursing and students' gendered professional identities shaped the role of migration in their respective professional life project. To contextualize the students' gendered approaches to nursing and migration, a historical perspective on nursing as a profession is helpful. Studies of the *feminization of nursing* (see Evans 2004) have evidenced how the professional status of nursing among health professions as well as today's public images about nursing stand in continuity with the nursing reforms introduced by Florence Nightingale in the late 19th's and the beginning 20th's century, reproducing the images of femininity and female work of that time (e.g. Mackintosh 1997; Evans 2004). On the level of the individual nurse good feelings when caring for others and an emotional and altruistic aspect of giving appeal to a self-perception in the classical terms of femininity (Hallam 2000; Schultheiss 2010). Nursing becomes furthermore a religious connotation with nurses being portrayed as female servants of God:

“In the spirit of Florence Nightingale's life and writings, choosing to be a nurse began to be portrayed as a calling or a response to a higher being [...]” (Brodie 1994 quoted in Magnussen 1998, 175).

The female missionaries introducing nursing in Malawi embodied these concepts of nursing (see A 3.). Their persistence in today's public image of nurses in Malawi becomes tangible e.g. in the illustration of a nurse as a female angel in a campaign for the respect of nurses' interests by NONM, the Malawian nurses' syndicate, in 2010:



(NONM and Cordaid 2010 depicted in Tambulasi and Chasukwa 2011)

Several female students appealed to the link of professional and religious self-identity, describing professional satisfaction in pursuing a caring mission, which God had called them personally into, and a gratification and emotional commitment when curing patients and nursing *“from the heart”* (Interview P25F, 17). Growing into nursing was furthermore connected with an affirmation of the personal gender-identity of becoming a *“real lady”*¹¹⁹. Female nursing students reported that

¹¹⁹“*Though I did not choose it, like everybody, I now like it, because it's like I become a real lady.*” (WS 1:P3F, 6)

throughout the years of studies they had developed a fundamental identification with their role as caregivers, that went beyond the level of external aspirations towards status and career but developed from the perception that nursing was their professional calling (e.g. Interview P25F, P2F). Despite initial challenges to adapt to their career¹²⁰ and the described frustrations about working- and career condition, they expressed by the end of their studies a strong identification with their professional life project as nurses, reflecting in many statements that they would make the choice for nursing again (e.g. WS 1). This circumstance suggests that their professional compromise has gained sustainable viability due to factors beyond the occupational prospects and points to the impact of socially defined anchors of identification, interweaving professional, religious and gendered identity.

Applying Bourdieu's (1986) concept about the convertibility of capital in social fields of power to the situation of female graduates in nursing in Malawi several social advantages of female nurses reveal to secure a relatively high degree of symbolic capital in their profession as compared to other women in the country as well as to their male colleagues: The exceptionality of their cultural capital, institutionalized by their educational title elevates them noticeably from the average Malawian woman, engendering a "*scarcity value*" to their cultural capital resulting from the *symbolic logic of distinction* which additionally secures material and symbolic profits to those possessing distinctively large cultural capital (Bourdieu 1986, 49). In contrast to male nurses they hold the "*symbolic capital of normality*"¹²¹ (ibid. 1989, 131 ff.) as their profession confirms to the socially defined gender of the profession. Last but not least, they profit from a general symbolic capital of nursing as a *Western* medical profession of privileged and skilled women, materializing in the social admiration for the white nursing uniform on women (Grigulis 2010). A relative status security is accordingly obtained by a female nurse in this context, which might explain why several female interviewees (though not those with PHD aspirations) were more optimistic than their male colleagues to find alternatives of professional development, if they could not find access to a master programme, e.g. combining nursing and business activities or working in NGOs.

Due to the highly gendered connotations of nursing, different conditions of professional identification emerged in the case of male nursing students: Almost all male participants stated that they had entered nursing with the aim to get accepted to the programme for physicians, following a public rumour that career could easily be switched (see WS 1 and WS 2). When accepting to study nursing, they did accordingly not evaluate the profession as a long-term viable perspective nor a prophecy but approached the nursing programme as a temporary, strategic deviation towards their

¹²⁰Several female interviewees reported on a challenging first year of adaptation, marked by fears before patients and hospitals, lack of knowledge about the nursing profession and demanding learning-expectations at KCN (see e.g. Interview P2F and P25F).

¹²¹Translated from Hella Beisters German translation of Bourdieu "[...] *das Privileg, zu sein wie es sich gehört, der Norm zu entsprechen, also den symbolischen Profit aus der Normalität zu ziehen.*" (ibid. 1998, 131 f.)

original professional choice. The deflection of their professional project happened gradually, as they became aware of the career-switching rumour being false (ibid.), and remained an issue of frustration:

“I think I would really take another choice, because, as I earlier said, the attitude that the public and those in authority hold against us, male nurses, isn't all that impressive. So, given other opportunities I would really distance from that profession so that maybe I become what I want and so maybe I'll run away from this feeling of disefficiency in me. [...] Not satisfied really and not feeling full, like complete. Yes! [...]” (WS1: P6M, 5 f.)

Male students' descriptions of discrimination as nurses suggest that gendered professional identity conflicts and frustration at different levels have accumulated throughout the years of study: In congruence with findings from Grigulis (2010) many male workshop participants pointed to severe problems to be respected as male nurses in a profession socially classified as female and as care-givers in the Malawian context where women are attributed the social role to care¹²². As the different incidences¹²³ suggest, patients', colleagues and male nurses' own images of masculinity enter into conflict with the social image of nurses, which leads to resistance to value male nurses' work and respect their male gender identity.¹²⁴ In reaction to the social stigma and as a consequence of their personal concept of gender, a large group of male research participants dissociated from the nursing profession, devaluating its caring character with gendered attributions:

“Then I would choose another masculine course because for me nursing is more superficial, because it doesn't help me to think more deeper into my (subject?), so that I should choose a more masculine process so that I should at least look to myself as that I am a man again. (laughs, others join). That would be pleasant for me (?). Probably I would choose to go to College of Medicine, to do a bachelors degree in medicine, a bachelors degree in surgery for 5 years at least, so that is the way I would be satisfied.” (WS 1: P5M, 5 f.)

Indirectly, they reveal the persistence of ideas of male intellectual superiority (see A 2.) among highly educated Malawian men and highlight their own classical gender images.¹²⁵ At the time of graduation, being a nurse was still only acceptable as a temporary stage of career to far most male students, hoping to open doors to other, male-connoted occupations in health soon.¹²⁶ They tended to express a more urgent need to find chances of further study to develop into male-type areas of the health sector (science, management and politics).¹²⁷ Only one male participant described a deviant

¹²²“[...] in Malawian culture the caring role is done by the woman, so it is hard to accept a man as the carer. Even if their wife is sick the husband will not care for the wife, he will get female friends and relatives to look after her.” (Interviewed female nurse in Grigulis 2010, 161)

¹²³ Concretely mentioned manifestations of disregard or discrimination concerned that patients rejected male nurses' care, that they faced public flier for being a nurse and for wearing the nursing uniform as well as that they would be disadvantaged in career promotion (See Grigulis; also mentioned in WS 1-3 by male students in the students' introductory presentation round on the question “what do you dislike about nursing?”).

¹²⁴ Grigulis (2010) finds that male nurses were regarded as gay and inferior to other male health workers. In the Malawian context, where homosexuality is still legally punished, a severe challenge of men to identify with their professional role without loosing social status is self-evident.

¹²⁵ Male students' tended to maintain their gender-typical professional preferences (physician, surgeon, technician) over the time at KCN. E.g. one male interviewee stated that he aimed to practice two years in a welcoming hospital he already knew, before sidestepping the nursing profession via an educational upgrade into public health. Doing “business” emerged as a common perspective for several male students as well, but only accompanying a qualified occupational activity in the health field.

¹²⁶ Among the three male interviewees two expressed little commitment to finish their years of duty if opportunities to leave Malawi for Master studies would show.

¹²⁷ The overall impression gathered from research workshops and interviews was that most males aimed to proceed as fast as possible into health management professions via a Master's degree in Public Health, in order to leave the occupational context of nursing that

professional story, revealing an intrinsic motivation for and attachment to nursing, despite his plan to continue with reproductive health research and reach for a position in the Ministry of Health.¹²⁸

Under these conditions, male nurses' migration projects tend to distinguish qualitatively¹²⁹ from those of female nurses', in that migration become an essential means of status rehabilitation, sought not only to institutionalize their cultural capital of education, but also to regain the lost symbolic capital of normality for a professional activity in a male-connoted area of the health sector. On the contrary, in female nurses' projections migration is thought to improve the professional status and deepen the professional expertise as a nurse. In line with this, most of the female interviewees see their professional future after a return to Malawi in nursing-related working-fields. Even if a return to the bedside was not envisaged, they hoped to make valuable contributions via specialized skills, new approaches to care, investment and nursing policy advocacy. Migration and further studies are in this context perceived as a means of professional empowerment and entitlement to make a change in the profession, opening satisfying professional prospects in Malawi and preventing mental resignation.¹³⁰

“Participant 2F: I could say, what is more important to me is changing the profession [as compared to go forward in nursing studies]. But then, there are a lot of constraints here in Malawi, like challenges. Because you can have the desire to change the profession, in our hospital setting but then, maybe because of lack of resources, or maybe because of some other political factors, it's somehow difficult.

Researcher: Mhm. So you are not very optimistic about it? (Participant: Yes.) Would you say it's more on the dream-side then on the reality-side? (Participant: Yes, laughing) So do you think getting a Master's will give you better chances to pursue this dream? Or do you think you would rather be going into other areas to find what you are looking for in terms of professional development?

Participant 2F: If I find a chance, to pursue in this profession: I think I can be able to achieve that.

Researcher: But would you say it's your priority or do you think: I don't have to work in nursing.

Participant 2F: No, it's my priority! [...] I believe that when I go abroad I am going to gain some new knowledge, like in the nursing profession. Of which I believe that if I can come back with that knowledge and utilize it here in Malawi: I think then there can be some changes in the nursing profession. Yeah, that's what I believe.” (Interview P2F, 10 f.)

As the discussion of gendered preconditions and the biographic background of professional identity have pointed out, male and female professional migration projects are integrated into different

was associated with discrimination and dissatisfaction.

¹²⁸Three eventual reasons for his identification as a nurse were identified: firstly, a personal and religious vocation towards helping needy people, secondly his extraordinary success in nursing (receiver of several awards and an internship scholarship) and thirdly his positive experiences of professional development in nursing during his internship in Finland (I. p. the assistance and supervision to pursue personal learning goals). His case suggests that a personal, in his context religious affiliation to the nursing mission and social appreciation for his professional performance as a nurse - characteristics found for most female nurses – can be helpful in generating professional commitment and *ownership* among male nurses as well.

¹²⁹This situation does not reflect in quantitative patterns: while a survey by the Royal College of Nursing in the UK (quoted in Buchan and Dovlo 2004) points to a slightly higher share of men among overseas nurses as compared to the domestic gender balance in nursing, data reviewed by Tambulasi and Chasukwa (2011) do not suggest that this difference reflects in a quantitative gender-misbalance of nurse migration in Malawi.

¹³⁰Among the interviewees, two women however considered a return to the bedside in the area of psychiatric nursing and one woman sought to work with the patient *and* in higher functions. The remaining hoped to find themselves in managerial positions, doing health-prevention, advocacy work, teaching or nursing politics.

concepts of the professional future. It has become obvious that the intertwining of gender and religious identity with the professional attributes of nursing have facilitated respectively challenged the generation of a biographic outlook in nursing, pointing to the social vulnerability of the professional project. Female nurses could get into a similarly tension if gender and professional discrimination come to reinforce a vicious circle of embodiment of discrimination abroad (see Larsen 2007; Smith and Mackintosh 2006). Though both groups share fundamental scripts of professional identity as academics, their different positioning towards the assumed characters of nursing care and a career as nurse may well generate impacts for their respective retention and *brain gain* potential in nursing.

2.2 The partnership and parenthood life project

Outline of the life project: None of the students talked to was married or had children. While the majority stated having a boy-, girlfriend or fiancé(e), almost every forth participant stated to be single¹³¹. Among the interviewees 4 persons (1 man/ 3 women) did not have a partner, while 6 persons (2 men/ 4 women) were in a relationship with other university graduates, often nurses as well¹³². Most interviewees were planning to wait with marriage and the foundation of a family until having finished their Master's degree, while others sought to marry within the next 2-3 years and to have one child before going for further education, considering to eventually have more children later. Among single interviewees 2 stated that they aimed to have a partnership after having finished their Master's degree, 1 envisaged to stay single and 1 did not yet feel able to make a decision in this question.

Approaching the role of migration in students' partnership and parenthood life project, it is of importance to clarify the gendered social context within which they develop their biographic perspectives in this area. Social influences that find a repercussion in the position of partnership and parenthood in the life plan and which design different contexts for individual concepts of partnership and migration are therefore reviewed initially. Based on this, (in particular female nurses') migration projects are discussed regarding the different potential future interactions between migration, partnership and parenthood suggested by the findings.

The influence of the students' social environment on their previewed decisions of marriage and parenthood regards social expectations towards marriage and having children as well as gender-roles in partnerships on the one hand, the particular concessions to and conditions of highly-skilled youth on the other hand.

¹³¹(9 out of 39 students) The number of single workshop participants might be overestimated, as some students stated to be single while having a boy- or girlfriend.

¹³²One male participant did not specify whether his girlfriend was a graduate.

Despite the diminishing share of married women in Malawi¹³³, marriage is still considered as an important social norm for Malawians and constitutes a core element of the most students' life plan. Though advanced levels of education delay the age at first marriage in Malawi usually until three years after graduation (Kadzamira 2003); in 2004 tertiary educated women were on average 22.6 years old (Palamuleni 2011) and accordingly of the students' age.¹³⁴

This common expectation to get married, which tends to persist in Malawi's educated class as well¹³⁵, has the effect that staying single is still looked upon as a considerable personal deficiency (Mahowe 2004). As highlighted by a male student, the institution of marriage is regarded as a prerequisite to decide and plan independently of the family of origin (Interview P5M). Generally speaking, staying single or not having children was connected with expected negative consequences among the students.

The statement of a male students highlights that conformity to the social value of marriage is required to escape scorn and gain the social recognition attributed to a married man:

“Participant P5M: Since here in Africa marriage is one of the societal components which is being, which is valued most, to stay maybe up to 30 without getting married, people, maybe parents, ladies start to question the guys impotence (laughing), that sort of thing. So you need to prove that you are a man to get married as early as possible. So when I finish school, in three years time, I need to get married.

Researcher: So you want to conform to this expectation?

Participant P5M: Ya ya, I have to. Because when you are a married man, in African societies you are MUCH respected. When you have a child, you are much respected. Instead if you are just staying alone, they will not respect you. So you need to conform to those societal expectations.” (Interview P5M, 6)

His reasoning discloses that the marital status and childbearing are associated strongly with social gender norms. Similarly, female students' biographic plans to marry and have children made reference to an internalized personal gender image as highlighted by one interviewee:

“ I want to have at least one [child within the next years]. Because, I understand that there are some complications if I have a child and I (migrate from here?). But there are several complications that happen here in Malawi, or in a woman. So I don't want to have those complications, I just have to have just one, so I should know that: I think I'm fertile (laughs).” (Interview P32F, 14)

In the context of a patriarchal society, married men are attributed social privilege in the sense of a symbolic capital (see Bourdieu 1989) and gain individual authority. With respect to individual migration decisions, conformity to the principal of marriage is likely to contribute in the case of male nurses to the flexibility to take decisions for migration and return, as far as the societal influences are concerned.

¹³³In 2010 58% (2004: 67%) of all Malawian women between 15 and 49 were married, 19,7% (2004: 17%) had never been married, compared to 39,4% (2010) of men in the same age group (Mahowe 2004; NSO 2011).

¹³⁴The same studies find a strong reducing effect of education on fertility rates: the number of children among university graduates seven years after their graduation, lay at an average of 1.3 children in 2004 and for later cohort even lower fertility rates are estimated (ibid.; Kadzamira 2003). The pattern of late marriage and parenthood found among the students reflects accordingly the general trends among highly educated Malawians.

¹³⁵A tracer study of Kadzamira (2003) points out that the number of singles among university graduates does not distinguish much from the overall average. As a high representative of a nursing organization, herself a highly educated nurse with international experience, pointed out to me, she was deeply shocked by the fact that the nursing students talked to had not yet been married and tended to postpone marriage intentions to the time after their master studies.

Malawian women however find themselves in a more ambivalent situation as gender-roles in marriage establish new patterns of dependence and subordination that may affect their scope of action, e.g. regarding migration decision-making (see Grigulis, Prost and Osrin 2009). The strongly restricted life planning entitlement for women until marriage suggest that being un-married associates with a high influence of the family of origin (see C 1.). Upon marriage the family's influence tends to be transferred to the husband, rather than to the women herself as suggested by the findings of the MDHS 2010 on the decision-making patterns in Malawian marriages (Annex I: Table 6).

The daily decision-making entitlements of women in similar conditions as the degree nurses' suggest that neither secondary education, despite its strong effect on the age at first marriage, nor single status or wealth relate to empowerment as compared to their age group in general (see Annex I: Table 2).¹³⁶ However, in view of women's biographic perspective beyond the current age, the statistics document an outstandingly high entitlement to decision-making among married, tertiary educated women that points to fortunate conditions of empowerment for female University graduates (NSO 2011).¹³⁷

Approaching from here the life projects of partnership and migration among female students with a boy friend and a marriage plan, an ambiguous picture emerges.

On the one hand, none of them mentioned fears to loose sight of the professional plans when married. Even when having a child while still studying was regarded as a challenge, they expected to cope with it, counting on mutual solidarity within the couple (e.g. P2F, 210F)¹³⁸: They were confident that role-switching in the couple (working, studying, and taking care of children) would be supported by their partners and that those were compliant to the common life plan, e.g. in making mutual investments into the other's education or having common business investments.¹³⁹ At the same time they showed ambitious self-expectations to pursue their objectives if they were not able to count on the husband's equal involvement (e.g. Interview P32F, P10F). Furthermore, they expressed assertiveness in defending their ideas about family life towards their partners. In accordance with their attitudes, most female students who were in a partnership had chosen first

¹³⁶High influence on households' decisions is found mainly among divorced, separated or widowed women, correlating with advanced age and number of children, low education, cash earnings and an urban background (Mahowe 2004).

¹³⁷Equally, the spending authority about own earnings is far higher among educated, unmarried or wealthier women, pointing out that own income, increased via education and single-status, can enhance women's economic independence within the established unequal gender relations (ibid.).

¹³⁸As the interviews revealed, the common idea on how to cope with the challenge that both partners aimed to advance their educational status while having responsibilities for a family, was either that one partner should work and take care of the family while the other one could go for further studies and vice versa, or that the male partner should leave in order to prepare the following of his wife or family.

¹³⁹Only one woman expected this situation to be challenging, which made her undecided on when to marry, when to go abroad and when to do master's.

working places, which were relatively far from their partners' location, which may be seen as an indicator that their current decision-making focused professional opportunities, rather than the needs of the partnership. As female interviewees' partners were without exception university students or degree holders who favoured migration, the common wish to study abroad translated in several cases into couple migration projects. Thus, in those cases the partnership becomes a pro-migratory factor, supporting the young women's plans to further their education abroad.¹⁴⁰

On the other hand a closer look at the couples' migration projects questions women's equal pre-conditions to pursue their personal agenda of migration, suggesting a tendency among female nurses to postpone own projects of further education and migration and subordinate them to those of their partners: One female student was informed by her partner that he was arranging to go abroad, but would only tell her more when everything would be fixed. While she perceived this situation as positive because she assumed it to enlarge her opportunities to migrate, she was not given the opportunity to participate in decision-making. In two cases, where both partners were nursing graduates at the same point in career, they had agreed that the male partner should try to migrate first for his girl friend or wife to follow him when he had managed to settle. These situations remind of the "*following spouse*" scheme of female nurses observed by Muula, Nyasulu and Msiska (2004-2, 76).¹⁴¹

However the female nurses' plans stand in another context than the migration of women for family reunification or to accompany their husband, which are a traditional pattern of female migration, in which women's movement is directed by the family agenda (UNFPA 2006). In their life projects the partners' move abroad is likely to work as a facilitator to realize the individual professional agenda and integrates into their self-perception as ambitious, assertive and self-made women. Nonetheless, the situations described above point to an eventual gap between female nurses and their partners in access to and *ownership* of the migration-to-study project

Considering from here the female nurses' chances to pursue their migration intentions it can be suggested, that these chances will be influenced by their marital status and by their partners' migration projects at the point of decision-making for migration. Concrete choices of destination and the experiences and professional chances inherent to migration are likely to be re-shaped according to male partners' priorities and to depend on their commitment to role-switching in the couple.

At the same time, the couples' common migration projects can be conceived as a biographic strategy that allows pursuing individual professional goals while progressing in the common

¹⁴⁰Several students did not specify, whether they would go one after the other or whether the first to leave would facilitate the partner's migration later.

¹⁴¹As (Muula, Nyasulu and Msiska 2004-2) observed regarding the process of rural-urban migration, female nurses in Malawi tended to follow their husbands, i.e. change (and thereby subordinate) their professional and living environment to their husbands' ones.

partnership and parenthood life project and foregoing the emotional challenges connected with the fear of social isolation.

A strongly different approach towards partnership, parenthood and migration surfaced among the female interviewees who were single and generally less optimistic with respect to their position as women in a marriage.¹⁴²

Two single women (P25F, P36F) expressed the attitude that women in marriages were vulnerable to discrimination and abuse by Malawian men in terms of an unfair distribution of work, respect and financial means (Interview P25F and P36F). In the case of P25F the notion of equality between partners, involving mutual respect, sharing of household work and financial independence emerged as central point of conflict with what she highlighted as the common culture in Malawi:¹⁴³

"[...] I want to have a microwave, my cooker and everything. Those I want to be in my kitchen, my sitting room, the way my room I want it to be; those things I have been dreaming of, those things I have been working for as in school, you see? Why? Because I have seen many people who suffer, mainly it's on the side of ladies, where someone will come and then you are married and someone starts thinking oh I am the one who did this. But people even should be able to tell that ladies can be independent and you, if you meet a lady, don't think they are only workers, but they are people like you. You are there because you want people to be together and because of love, you see? [...] Because people think that women get married to be assisted. No! Even, the people, they use the word women as an acronym when they will say they are Workers of Men Employed Naturally, of which I say: Why they say that?" (Interview P25F, 8)

These priorities of a good marriage, economic independence, task-sharing in the household and mutual respect, intersected with her expectations towards migration insofar as she expected to meet more men sharing these attitudes about women and partnership while abroad (see footnote 183). Her migration intention is formulated in an attitude of protest against subordination to what she perceives as a patriarchal local value system. Furthermore, she approached migration as a strategy to generate economic independence, which she regarded in turn as a precondition for an equal relation in a future marriage. Similarly to her argument, several single nurses as well as nurses in a partnership pointed to the importance to generate personal savings to support children and partners (e.g. P27F, P5M).¹⁴⁴

In the case of P36F the core conflict manifested between the social expectation to get married and take over the gender role of a wife on the one hand, and her wish to lead an independent life as a single woman on the other hand.¹⁴⁵ In her context a long-term migration project appeared as an

¹⁴²Two single students dissociated themselves from the paradigm of marriage in stating that they could imagine or aimed to stay single: one student (P31F) projected herself into a missionary life-context where single-status is likely to be socially justified, the other one (P36F) looking forward to a single's life abroad and preparing herself to confront social stigma in Malawi. The remaining singles envisioned to get married after their Master studies respectively when financial independence would be obtained.

¹⁴³Whereas P25F acknowledged that it was still possible to find this type of partner in Malawi as well, P36F did not consider a marriage with a Malawian man at all. While both expected to meet men with different attitudes towards gender roles in marriages while abroad, P36F stated that she would nonetheless prefer to stay single abroad as well.

¹⁴⁴Gaining funds from migration to promote the personal status in the relationship was however mentioned by P25F only.

¹⁴⁵She explained her negative attitudes towards marriage with respect to her biographic experience as child of an abusive father. She was raised by her mother who left the father and raised the children under difficult economic circumstances (Interview P36F).

option to maintain the social peace back home and profit from a social environment abroad where an independent life style is expected to be a normality.

"I think the easiest way to live single will be abroad but here, because people will call you names. Yes, I may not mind but somehow it can have an effect on me, my parents, (people?) coming and saying: Hey, look at this. So being single in outside world there it would be very good, no problems, but, when it comes here down here - mhm - will be a problem I know, I am done and I am ready, I am prepare for it. [...] Say, if I go outside there, stay single - for me it will be cool, because I will not have pressure from parents, friends, the society itself. It will be on me. So I would better run away from this, I would better go outside and stay there - come back- see them - go back." (Interview P36F, 15)

Beyond the prospect to find abroad more independence and acceptance for the personal way of life, migration is here approached as a biographic perspective to protect their own and the family's social capital and status. This context of migration to flee public stigma as a single woman has also been revealed as a pattern of female migration to the UK from other regions (e.g. Izuhara and Shibata 2002 for Japan, UN-DESA 2006), suggesting that the idea of a good life for singles in the UK has become part of a transnationally spread idea.

The cases of P25F and P36F illustrate that the fear before patriarchal limitations of women's self-determination and rights in local marriages may have an implicit impact on migration intentions of female nurses who affiliate themselves to a global community of women claiming equal gender rights: Their affinity to partners and societies that were expected to share attitudes of gender equality and personal independence, points to a *social space* of reference for their migration decision-making that transcends the local environment and extends into a global community of values. At the same time their gender-related self-identities establish as counterpoints to what is regarded as the local culture, drawing instead on a global codex of entitlements of gender equality and self-determination. (see Bastia 2010).

Next to the two cases discussed above, several students expressed ideas that women living in the UK or the USA had more entitlements in their destination societies (see WS 5). It is possible that those images surge partly from what has been discussed in the literature as *social remittances*, i.e. changing ideas, behaviours and self-identities of gender equality engendered by women's migration experiences (e.g. UNFPA 2004; Dannecker 2005; Larsen et al. 2005). Where social remittances are transferred back to the community of origin, they may challenge gender norms and introduce a body of images about migration and gender empowerment (Levitt 1996)¹⁴⁶. Whereas such imaginations may also be established via media and other channels of information, the strong culture of nurse migration from Malawi might also have left its footprint here (see also C. 2.4).

¹⁴⁶“Due to their more active participation in public life in the United States, women modify their notions of what is right and appropriate, and they transmit these back to Miraflores. Non-migrant women use these social remittances to construct new versions of womanhood. While their ideas are somewhat romanticized, they still represent a significant shift in thinking about what it means to be a woman. [...] They hear that many men clean, cook and shop in the U.S. These notions challenge their understandings of the meaning of marriage and motherhood and about what men and women's roles and responsibilities should be.” (Levitt 1996, 15 f.)

Additionally to the discussed factors of empowerment, migration intentions of single nurses may also stand in the context of a struggle to find a life partner in Malawi, as a common public assumption is that female hospital nurses face particular difficulties to find attractive husbands due to their work in remote areas and in shift work (Grigulis 2010).¹⁴⁷ One student group discussed this situation as the *nurses' syndrome* (WS 5), adding that nurses might seek to migrate to find a life partner.¹⁴⁸ Though this argument did not repeat during the interviews, it might become a factor for single nurses' later decision-making regarding migration and work place choices.

As the discussion has shown, the biographic functions attributed to migration in the context of future partnership and parenthood life projects relates strongly to their current status of relationship and their evaluation of conditions to pursue their priorities in the area of partnership within the social and gender context of Malawi: For single females with independent life scripts migration was sought as a strategy to gain personal self-determination and empowerment from social expectations towards gender and marriage as well as to protect their social and economic status. On the other hand it opened to nurses in partnerships a comfortable perspective to attain professional goals while pursuing the common partnership and parenthood life project.

Students with couple-migration projects as well as single students with emancipatory gender-identities tended to be more open towards extended stays as compared to students who envisaged migrating without their partners or maintained a concept of close family contact (e.g. Interview with P31F and P32F). This might generate consequences for the students' later decisions to stay abroad or to return.

In the light of the social context of gender-relations in marriages in Malawi, the attitudes and biographic priorities of female nurses' partners are likely to influence the women's conditions to pursue individual biographic goals connected with migration. At the same time the high affinity to migrate among nurses' partners raises the chances to realize a migration project and points to the role of migration experience as part of a common habitus, thus supporting the argument that migration intentions have to be understood within the nurses' broader peer environment of young academics.

¹⁴⁷The students referred e.g. to the absence of women over night and their low availability in the house due to long shifts and over-time work.

¹⁴⁸*"Because here in Malawi we have a certain thing which we call nurses syndrome. So people run away and go abroad to say here we have the syndrome, maybe I may not (find somebody?). We have that nurses syndrome where nurses don't marry or men don't go after them, so they stay for years without getting no life partner, nothing. So they ... (pointing over her shoulder with her hand)."* (WS 5: P36F, 2) Statistics however do not underline this idea: the share of unmarried women among nurses does not exceed that of other health professionals (Kadzandira and MoH 2007).

2.3 The life plan's relatedness to the family

Outline of the role of family in the life plan: The family of origin is considered in the students' life plans as an important social bond and as an institution of authority. The wish to maintain a close relationship of mutual solidarity with family members was expressed by many students as an important aspect of a happy future life. The contribution to family members' wellbeing, mostly financially but also psychologically and via nursing care, was an important consideration in most students' future plan. Some students however did not carry such responsibilities but highlighted the emotional importance of the family community. While the core family was expected to support the individual migration project in most cases, some students were confronted with negative attitudes of the family towards migration. All students aimed to find ways to maintain harmony with and wellbeing of the family of origin while pursuing individual professional, personal and family plans.

This chapter deals with the role of family in the students' life scripts and -plans and migration projects. It considers in a first step the impact of family authority and family values on students' personal life plans as well as the students' common attitudes towards the role of family in their decision-making. Secondly the family-relatedness of the individual migration projects is discussed considering specific dynamics of gender and findings from previous research.

The extended family - i.e. the social structure within one household or a network of households, connected by kinship relations, common responsibilities and decision-making - presents as the core micro-social entity of social organisation and decision-making in the Malawian context (van Lerk and Ansell 2004; Kasente 2006). The embedding of the students' future life concepts within the context of their extended family, as well as within a core family understood as parents and siblings, reveals clearly in their biographic stories: The influence of the core as well as the extended family on fundamental biographic decisions and trends has been illustrated with regard to the process of career choice and encouragement towards education (see p. 40 ff.). Within the two life-stories containing periods of hardship (P31F and P36F), members of the extended family (grandmother, uncle) even took over the entire responsibility to care for the child, to finance education and to provide moral and emotional guidance.

A strong and lasting intertwining between the students and their extended families became furthermore tangible on the level of household economy: In particular students from family backgrounds with low economic security had profited from financial support of the broader family and assumed economic responsibilities extending over four generations, from grandparents over parents to siblings families.¹⁴⁹

¹⁴⁹Students frequently acknowledged that the (extended) family's investment into their education should be paid back, e.g. via support to the schooling of siblings' children or in supporting and caring for ageing or ill relatives. While parents were usually the central supporters of education, uncles and siblings had also contributed to school-fees and living-costs, in particular where parents only counted with modest means.

In line with this, solidarity with the family is approached in the students' life plans as an essential pillar of social reality that has to be in harmony with individual priorities to live happily. Thus, all students, women stronger than men, anticipated and considered the family's attitudes and needs when preparing future decisions.

"[...] I can say that I will do this or I will do that and some plans will also be limited to the family that I will have. Of course some of them will be discussed in the family circle, like when to go for school, who will start. Because my husband, my future husband would also be educated." (Interview P32F, 12 f.)

Almost all female students stated that they would ask their parents for advice when making a migration decision and several female interviewees highlighted that important decisions would be discussed in the family circle (P10F, P27F)¹⁵⁰.

However, though the limitations of personal choices by a family context are acknowledged, aims to limit the influence of family members on the personal life course became obvious as well: Several students' life plans were strongly informed by a striving for individual self-determination. The statement of a woman who clearly prioritized her independence over the status security that her upper middle class family could have provided her with, may illustrate this:

"I wouldn't even [work in my father's cabinet]. I don't even dream of working there. Because I don't think I can be comfortable to work in a place where my father is also working - I don't think I can be comfortable there. Yeah. At least I should be independent; I should be able to make my own decisions. Otherwise if I tried to say I would be working with my father then, if conflicts arise, they don't just end at the workplace but even at home. So I would just be working under pressure, just to please him. But deep down the heart I'm not satisfied."
(Interview P2F, 30)

In the question of final *ownership* of the personal future, family's function tended to be seen merely in *mutual advice and support*, while the *final decision-making power* is attributed to the individual person:

"But according to your plans, you also have plans to do things. You can't just be saying: Because you are expecting more from me, then I have to sacrifice myself to do what they want. No. You also have plans like I want to do this and this. The money, I have earned it, at the end I have to do it: A, b, c, d." (Interview P32F, 21)

While solidarity within the family is preserved as central value, it is subordinated to personal *ownership* of decision-making and considered under the condition of compatibility to personal future aspirations.¹⁵¹ With respect to female graduates, such ideas about decision-making challenge the essential authority of family over young Malawian women's life, suggested by the previously cited statistics of the MDHS (see C 2.2; Annex1: Table 2 and 6). They strengthen the suggestion that individual rather than collective future plans build the mainstay of the students' life script as has been argued in chapter C 1. and associate with the claim towards life style decisions discussed in

¹⁵⁰ Findings from the introductory questionnaire handed out in the Workshops. Parents were outnumbering other advisors by far among the female participants. Male participants seldom stated to consult parents. The interviews revealed however that men might also discuss their migration prospects with the family in an attitude of wishing their support and understanding. One male student convinced his father on the migration plan, the remaining male interviewees did seem to consider their parents' attitude without consulting them directly, i.e. making their plans and assuming responsibilities autonomously.

¹⁵¹ In all interviews tackling this topic the students expressed assertiveness to pursue their personal goals in life and to negotiate the required freedoms of decision-making with family members, mainly parents, if they did not already hold liberal attitudes towards their children.

the following chapter. Furthermore, they point to an intergenerational negotiation of decision-making entitlements, stressed by one interviewee (P27F) who stated that she had to defend her professional and self-development plans in discussions with the broader family (including siblings families) who had high expectations in the financial support from her, the most educated child.¹⁵²

On the basis of the highlighted role of family in students' scripts of life, the family-relatedness of their migration projects will be scrutinized in the following, showing variations according to the status of the students' family and their gender. It is suggested that the strong influence of family on life decisions leads students to attempt furthering their self-determination abroad. From there, the family-relatedness of students' migration projects is characterized and contrasted against related previous findings on nurse migration from Malawi.

A single female nurse emphasized parents' and social heteronomy of her life plan as a central reason to seek a life in a distant and distinct social context:¹⁵³

“Because there it’s their life, so you live your own life. While here, you live somebody’s life, that’s the thing here in Malawi: You live somebody’s life, you live the life of your parents. Like you want to be there with them, yet your mind is somewhere else, very far, but you know I just have to do this for my parents, not for yourself. Our friends are lucky there, they do their things for themselves, not for their parents.” (Interview P36F, 14)

The striving not to loose *ownership* of her migration and future plan reflected in her statement that she would only confront her family, when her migration plans were already made up (ibid.). In her view the embedding into a local network of family obligation establishes as counterpoint to individual freedoms of decision-making, which are projected onto life in a distant *Western* country.

Several other students conceptualized migration similarly as a major biographic step towards an independent life insofar as it was expected to raise the individual self-reliability (maturity to live without family's help (P15M)), self-actualisation (individual freedom of life style (P2F)) and financial independence (ownership of own funds (P32F; P5M)). These side-effects of migration on individual empowerment are documented recurrently in the literature on female migration and build upon the paradigm that spacial distance would weaken the constraints caused by social obligations and roles back home and thus strengthen the individual *ownership* of life (UN DESA 2004; UNFPA 2006; Larsen et al. 2005).

The reasoning of P36F however inheres an ambiguity between the wish to liberate from family expectations towards the personal life course and the acknowledgement that family obligations persist also over distance:

“Researcher: [...] you said you like Australia, Canada and USA, So if you found a good opportunity to study

¹⁵²Another topic of intergenerational discussion concerned the gender roles in the family, as suggested by P36F, who reported that she had frequent debates with her father and her brothers on the task sharing in the household (Interview P36F).

¹⁵³The student did not state or implicitly suggest that the problem would be specific to a girls' role in the family. Her statement is therefore discussed without reference to gender, though gender might be an aspect of concern in this context.

there, would it be attractive to you to stay longer or how do you see that?

Participant36: *The lord provides good things, indeed, but some things drag us back. Ya, I can go there and say I want to stay longer. But one time you must come back home and do some other things. Your relatives call, your duties call, to see you, something like that. But I will not really say I go there then to stay for good. Yes, **I can**, but I still have to consider my relatives as well.*" (Interview P36F, 12) [bold by the author]

Her ambivalent statement suggests that family expectations may have a stronger effect on female nurses' later decision-making for migration and return than the emancipative self-concepts suggest.¹⁵⁴

A similar family-relatedness of migration became tangible in the economic realm: Students from family constellations burdening them with high expectations of financial support disclosed the attitude that an important biographic function of migration was to enhance their economic independence from the family. Their reasoning followed the same paradigm that distance would diminish family's influence and evoked the same conviction that personal needs would have to be considered before those of the family:

"[...] And the money you receive, it ends there. I can say it's not that much money for you to keep somewhere, because here in Malawi we are social beings, we live in an extended family that we appreciate. I have my niece, who needs my support, my mama, my father, my children, my in-laws from my brothers; you can live ten in a family, TEN people in ONE family. So that is difficult for the salary that I get here in Malawi to keep and then to go for school."(Interview P32F, 20)

The wish to reserve funds for educational promotion, own family's life-standard and aspirations of personal development is perceived to be challenging in view of never-satisfied needs and expectations of the family. It is therefore relocated into a distant social space imagined not only as a fortuitous environment to generate savings but also as a space freed from family influence on and control over personal earnings:

"But when one is outside Malawi, then the money that you receive, it adds value it's a bit - the money, when you change it to Malawian Kwacha, it's much. So if that person goes outside she maybe doing some peace work, like my husband goes out, goes for school, he may be able to do some peace works so that he may be saving some money. Because there it's only him, he is alone. You can be saving some money, you can be sending or he may even find that opportunity of helping me to further my education. Or if I work, I go there for school, I can also be sending some money here to Malawi, working part-time there, doing some part-time jobs. And then supporting this one or saving for him." (Ibid., 20 f.)

In families with better socioeconomic conditions and high embodiment of education among siblings, students rather stated that their relatives would not necessarily need or expect their financial assistance and that they could even expect further support from their parents (e.g. P10F, P2F). In this context, mutual family obligation turns into a capital rather than a burden in the first place: The network of kinship is likely to continue facilitating the access to economic, cultural and symbolic privileges (see Bourdieu 1986), acting as a social capital to realize personal future aspirations and overcome financial barriers to migration easier. Accordingly, under both

¹⁵⁴Her situation comprises furthermore that staying single is not necessarily connected with higher individual *ownership* of personal decisions of Malawian women in families who do not grant them authority of decision-making, as has also been suggested by the MDHS statistics.

socioeconomic family conditions, the needful and the prosperous, family obligations act as a furthering factor of migration intentions.

Regarding the gender-related conditions of families it has been acknowledged in the literature that the broad spectrum of interferences between gender and family dynamics shapes the individual's migration intentions and pre-conditions to migrate¹⁵⁵:

„The family both defines and assigns the roles of women, which determine their relative motivation and incentive to migrate, and controls the distribution of resources and information that can support, discourage, or prevent migration.“ (Boyd and Grieco 2003, n.p.)

In accordance with this statement, gender was found to influence the family-relatedness of the students' migration projects as a result of women's responsibilities within the family: The association of female gender with solidarity towards the family and the gender connotation of care for the ill and elderly, which has already been discussed regarding gender roles in nursing (p. 47f.), were found to impact female students' preconditions of and approaches towards migration.

As stressed by a female nurse from a family with low educational attainment, expectations towards women's care for family issues can have repercussions for the burden of family responsibility to be carried by female graduates:¹⁵⁶

“[...] In Malawi we would believe that educating a girl child is like you have educated the whole country. Yes because women, we have passion to other people, helping other people (more) than men. So in families we believe educating the girl child is like you have educated the whole family: she can support, help the family in terms of needs.” (Interview P27F, 1)

Her situation suggests that educated girls in poorer family contexts might have to make more effort to gain authority over their earnings and life plans than men, revealing the intersection of gender and class in the aspect of family solidarity.¹⁵⁷ Throughout the time abroad, the transnational extension of family obligations tends to shape in particularly female migrants' living conditions, as women often *“struggled to retain the gains that migration and wage employment brought them”* (UN DESA 2004, 63)¹⁵⁸. In line with this, Malawian overseas nurses in the UK underlined that family members' often had overwhelming expectations that they could not satisfy unless distributing their resources at the expenses of their personal quality of life (Grigulis 2010).¹⁵⁹

¹⁵⁵ „[...] although household members' orientations and activities may be guided by norms of solidarity [...] they may equally be informed by hierarchies of power along gender and generational lines; thus the tension, dissention [sic.] and coalition building these hierarchies produce within the migration process.“ (Pessar 1999: 582)

¹⁵⁶ Several students reported that their parents' motivation to educate them was strongly related to the wish to secure the family's economic wellbeing, highlighting the impact of education on obligations towards the family. In those families, prominent among the interviewees, only some siblings had been successful in education, while others had children but little income, establishing their dependence on brother's respectively sister's financial support.

¹⁵⁷ P27F stated that her siblings had high expectation in her support for their families and that she had to negotiate in the family about her entitlement to further the personal development e.g. when financial benefits from migration would be there.

¹⁵⁸ Male migrants face a high burden of responsibility as well (see e.g. Schraven, Eguavoen and Manske 2011 on male PHD students), however they tend to be able to retain more profits of migration for their personal life (UN DESA 2004).

¹⁵⁹ “They end up relying on you and they expect money from you all the time so you are sort of the breadwinner for your family there. You have to pay your bills here and then you have to do it back home as well. It is difficult...that is why most people they have got their full time jobs but they do agency work as well or overtime bank. They end up doing extras every week to [...] send money home.” (Statement of a registered nurse in the UK quoted in Grigulis 2010)

As suggested by further literature, female migrants furthermore stick more closely to assigned responsibility for the needy family when abroad than men: They tend to fall into the scheme of altruistic remittance senders, attributing higher shares of their (on average lower) incomes to families far away, remitting particularly for basic items, such as health, education and nutrition, and supporting their families more reliably over long periods of migration (Moreno-Fontes 2008; Orozco, Lowell and Schneider 2006; UNFPA 2006).¹⁶⁰ If the behaviour of female nursing graduates who prioritize to generate savings does not conform to such patterns of support, their decision is likely to enter into conflict with immediate family necessities in poor families and the family's expectations.

A second challenge to women's migration projects concerns the gendered attributions of care that have been discussed regarding the role of men in nursing already (C 2.1). Within the family, female relatives are expected to care for ill or elderly relatives, which translates into a restricted mobility among female nurses and has already been identified as a stick-factor in former nurse migration from Malawi (Grigulis 2010).¹⁶¹ Studies on transnational caregiving have disclosed that caring-obligations tie the individual's life course to the family life cycle as parents age or die or as migrants start to require family care themselves (Baldassar, Vellekoop Baldock and Wilding 2007; Izuhara and Shibata 2002). Thus, the family life cycle might determine the support for (in particular female) nurses' migration and shape their obligations of care while abroad, affecting their individual leeway of decision-making.¹⁶²

In accordance with these findings, female nurses who accepted the assigned caring role in the family pointed to conflicts when pursuing individual priorities of future life and migration. Their internal conflicts hardened in cases where family members had convinced the woman for nursing in order to assure care for ill parents (P32F), and where emotional attachment to an elderly person was guiding the future perspective (P31F).¹⁶³ As can be concluded from these cases, the moral conflicts surging from caring responsibilities for family members tends to impact their migration projects in duration, destination and character.¹⁶⁴

¹⁶⁰Some of this literature however seems to approach the topic under a gender-biased perspective: e.g. in statements on the particular pain among families left behind when women leave, the idea that women belong more closely to their family than men tends to be reproduced, as gender-contextualization is missing (e.g. UNFPA 2006).

¹⁶¹The family demand for caring services was not found in the case of male nurses with similarly struggling families, as their sisters were in charge of the caring tasks, maintaining the social gender-order of care.

¹⁶²While all nursing students described a strong sense of reciprocity or obligation towards the family, the issue of care for the elderly was only highlighted in one case of a widowed grandmother. As the family life cycle proceeds and parents grow older, caring obligations might affect also female students who were currently not concerned with it. However this does not necessarily mean a restriction to migrate as their social role as the best educated in the family might rather attribute the task to care financially while siblings provide hands-on care.

¹⁶³P32F highlighted that in her future plan the expectations of a huge number of family members would have to be considered. While she accepted to be part of the system of family responsibility, this correlated with assumed difficulties to pursue own professional goals and generate saving to support her own family in future. (Interview P32F)

¹⁶⁴P31F considered to postpone the migration project till the responsibility had been released, to restrict the choice of destination to closer, i.e. African countries and to limit the time span abroad strictly to the time of studies; P32F questioned her possibility to leave

Though all interviewees' life plans revealed an effort to build compromise between individual and family-related aspects that were seen as interdigitated rather than opponent, the relation between family expectations and personal priorities beared potential for conflict in the case of female nurses. Interviewed men also pointed to high responsibilities to support family members, they did however not describe such conflict, but stated that they had been successful in gaining the support of their families for going abroad.¹⁶⁵ As the family responsibilities highlighted by male nurses referred mostly to financial support, they expected to act in the interest of parents when seeking further education in order to establish in a professional position where they could be of considerable help to their family (see Interviews P14M and P15M). In general, male interviewees tended to make their migration plans more independently of the family, which suggests that their decision-making process for migration might be less family-related than that of their female colleagues.¹⁶⁶

The overall picture emerging from this discussion on the family-relatedness of the students' migration plans distinguishes from the general finding of migration studies on the role of households in labour migration decisions: Since the *new economy of labour* theory on migration has suggested that labour migration decisions should be approached as an economic survival strategy of the entire households (or the shared illusion about the economic benefits of migration (Dannecker 2009)), the situatedness of individual expectations towards migration within economic and status-related goals of the household or family has become a general assumption (Arango 2000; Ramírez, Domínguez and Morais 2005). Regarding former generations of overseas nurses from Malawi it has been supported by findings from Grigulis (2010) and applies, according to a key informant of the her study, also to the migration decisions of graduates of the Kamuzu College of Nursing:

“Most of them [KCN graduates] would be forced by their parents to go (to the UK). They want their children to be rich. There is a lot of pride if your son or daughter went to work in the UK because you are sure of the income aspect, they would be sending you money, you would be going to the UK to visit them, see London, who doesn't want to see London?” (Aubrey quoted in *ibid.*, 193)

Similarly, the students' common perceptions on nurses' reasons to migrate assumed this issue (Annex I: Table 5). However, none of the interviewees reported on the existence of family pressure to leave in order to secure the family's wellbeing by means of migration. On the contrary, the disclosing family attitudes on migration were rather ambiguous, as several mothers or father

and expected to alternate with her partner (one furthering studies abroad, one assuming family responsibilities back home) if leaving at all (Interview P31F and P32F).

¹⁶⁵This applied also in the case of a family with an elderly mother to be cared for. Here not the male nurse but a sister back home assumed the caring tasks, in accordance with the social gender norm of care (Interview P14F). In the case of one interviewee (P5M), where parents had initially questioned the value of further education for a successful future, the student convinced them of his migration project.

¹⁶⁶In the initial questionnaire male nurses stated seldom to seek parents advice when making migration decisions and two out of the three interviewees had not discussed their already concrete migration plans in the family (P14M, P15M).

preferred their children to be successful within the country, establishing a patriotic reservation towards migration, claiming that *if you want to make it, make it here in Malawi*.¹⁶⁷

Parents' further doubts towards migration, as anticipated by the students, related to the fear to loose contact and support, to suffer emotionally from the distance (Quest.; WS 1). Contrariwise, the suggestion of some family members to take a sibling¹⁶⁸ might point to a strategy to stabilize the family bounds abroad and increase the family's profit from the assumed financial gains of migration, without considering foremost the individual perspective (here that of the sibling). Taking furthermore into account the enthusiastic social ideas of benefits from migration and the expectations towards mutual support in the family, household interests in migration are likely to gain influence in the course of concrete migration decision-making.

The absence of direct family pressure to migrate may however also point to an attitude that a bachelor degree would be sufficient to acquire a job-position that would secure the family wellbeing, which would appear reasonable in view of the advantages of University graduates on the Malawian labour market (see Kadzamira 2003).

Rather than the livelihood strategy of the family, the combination of high personal status aspirations and the weight of family reciprocity turn the individual's face towards professional development and income opportunities abroad. Accordingly, the fundamentals on which students' migration intentions are built (e.g. concerning the professional and the partnership life project) are essentially individual ideas and biographic strategies. As the discussion has exposed, those individual approaches to migration are family-related – firstly, as they are developed within the frame of anticipated family expectations and life scripts of reciprocity, secondly as the concept of migration as step towards self-empowerment and independence has to be understood in the light of a strong family influence on the life course. In turn, what is presenting as an individual migration project still reflects an individual response to strongly family-related conditions. This did however not reveal as restrictive factor in their approach towards migration, as the individual responses tended to take a positive attitude towards the malleability of distance in family relations - under the conditions of return. This attitude characterizes the students as “*reluctant distant thinkers*” (Mason 1999 quoted in Baldassar, Vellekoop Baldock and Wilding 2007, 217) who feel able to realize a personal migration project in concordance with the family-relatedness of their life plans.¹⁶⁹

¹⁶⁷ Rephrased statement of interviewees P2F and P5M. “Making it” abroad was discussed as the most viable and beneficial alternative, “making it” in Malawi (without leaving or upon return) was however attributed particular social value. This variation of the students' idea that the best contribution is the one made in one's country (see C.2.1) can be regarded as a reflection of an ambivalent social discourse on migration further discussed in C 2.6.

¹⁶⁸ Two students' who had discussions with their parents in order to gain their support for migration were told to take a sibling with them (Interview P5M and P2F).

¹⁶⁹ Long-term effects of migration on families left behind were seen to be throughout positive (economic improvements e.g. in housing, education- and health care access) as long as migrants' would maintain in contact with their families and support them economically (Annex I: Table 3; Quest.).

2.4 Individualism and life style-choice

Outline of individualism and life style in the script of life and migration: The students' images about empowerment and self-determination by means of migration make reference to individualist self-identities and aims of personal development in general, an attraction towards modern life styles of self-actualization in particular. The individualist character of the students' life plans was connected with claims towards personal entitlements and *ownership* of biographic decision-making. It reflected in an agenda of self-actualisation that comprised a hunger for individualized modern life styles and privileges of life style choice, associated with life in *Western* societies. What is treated in the following chapter as students' expectancy of life styles abroad, comprised a material dimension of Internet technology, public infrastructure, leisure-time activities and tourism, as well as a social dimension of tolerance towards liberal life styles of women and socializing with people from other cultures. Beyond positive ideas about life styles abroad, some students expected that violence, xenophobia and challenges to adapt to the new environment as well as distance to family and friends would hinder their personal development while abroad.

The students' biographic projections and ideas reflected so far have disclosed a fundamental conviction about their personal entitlement to develop individual future perspectives with spiritual and the family's company as well as an awareness of individual eligibility to adopt strategic choices in order to pursue the personal projection of the life course¹⁷⁰: Several manifestations of individualistic concepts of self-identity and life style have already been highlighted when exploring the students' attempts to reach *ownership* of their future life - via personal savings, independent housing, refusal of marriage, a move abroad, professional authority or personal assertiveness. Those attempts, as well as the individually designed and pushed migration plan presented individual choice and reflexivity as a common value of life scripts and self-identities.¹⁷¹

The aim of this chapter is now to scrutinize the students life style-related desire for migration with regard to its intertwining with reflexive and globalized self-identities. Firstly students' different approaches to life style and migration are highlighted and discussed with respect to their importance to individual and social identities. Secondly, the symbolic value of reflexivity is traced in students' ideas of life style choices abroad. Concluding, the findings are relocated into the discourse on life style migration and put into the perspective of students' overall biographic project of migration.

To capture the important role of life style in late-modern individuals' reflexive self-identity projects, Featherstone, referring to Giddens, has proposed to approach life style needs as a material and non-material way to design and express the reflexive self beyond a socially determined identity script:

“Rather than unreflexively adopting a life style, through tradition or habit, the new heroes [...] make life style a life project and display their individuality and sense of style in the particularity of the assemblage of goods, clothes, practices, experiences, appearance and bodily dispositions they design together into a life style.”
(Featherstone 1987, 59)

¹⁷⁰If, on the contrary, divine providence or collective planning had been regarded as determinant of future life, contradicting individual *ownership* of the life course, the applied research approach to an individual life plan would very likely have been rejected.

¹⁷¹ Individualization of the life plan in the sense of Giddens (1991) requires essentially reflexivity respectively the awareness of individual options and choices of particular self-identities and life styles because the pre-determination through tradition and kinship weakens (see also C 1.).

The broader life style dimension of migration as an assemblage of body, consume and experience in the sense of Featherstone, showed indirectly in the description of the change that migrant nurses allegedly undergo:

“They come back changed, modernised, rich, their body looks nice and attractive”; and “they come here looking beautiful, rich and very educated.” (Written statements of WS3 and WS5)

Applying this broad concept of life style as a mission of constructing and expressing individuality, some students' gender-related ideas of future life are approached as life style issues as well: e.g. the avoidance of marriage, modern partnership models, including role-switching and independent accountancy, the consumption of entertainment as a single woman.

Reviewing the students' references to life style, a combination of material and non-material aspects was found. The concrete dimensions of life style in the migration project and the attractiveness of life styles abroad were however evaluated in different and often ambiguous ways. To several students life style had an essentially material meaning, related to goods like good food, advanced technology or improved health care, (see written statements) pointing to a reasoning that associates life style with high standard of living. Others considered foremost the context of self-actualising experiences (Interviews P2F and P5F). Students whose individual life styles followed conservative priorities of marriage and settlement did not express life style issue as particularly important to their migration project though they acknowledged the availability of personal development opportunities, referring to further education, economic independence and social capital via the exposure to an international environment (e.g. Interview P27F and P14M). In many cases the expected life style impact of migration was ambiguous due to potential constraints of personal development, if the religious practice would be restricted, or if the disconcerting life far from home would cause psychological pain (e.g. Interview P31F and P14M).

Contrariwise, *Western* societies, imagined as a world of life style plurality and liberal values, were particularly attractive to students with a strong self-identity of a *reformer* (Table 4). Their high commitment to the individual career development was mirrored in the personal sphere by an agenda of self-actualisation, emancipatory life style freedoms and social innovation, welcoming an environment of diverse, modern life styles and high independence. Among single female nursing students in this cluster, for whom gender-related life style choices (such as to live as a single, see also C 2.2) evolved as an essential factor of self-identity and the life plan, the evaluation of the life style impact of migration, balanced against female life style patterns accessible and sanctioned in Malawi, emerged as a decisive aspect in the preference of a life abroad (see also C 2.3). The case of P36F points particularly to the potential power of the life style-related empowerment-through-

migration idea, as she otherwise felt strongly attached to bedside nursing in Malawi and could imagine to work as a community nurse in a rural area.¹⁷²

“On my personal thing: It's all about having that free life because, for me, I haven't had that free life because of our culture. You have to be, people call you names, so people call you: ‘Uh, that girl is a prostitute, that girl is uff’- those things, just because of our culture.” (Interview P36F, 13 f.)

Previous studies on Malawian nurses' migration intentions have already highlighted this basic life style dimension of migration and non-return decisions (Grigulis 2010). Next to such fundamental matters, the accessibility of modern life style activities and goods as an effect of higher income as well as the social viability of women's liberal life styles, formed part of the students' debate on migration:

“Maybe, for example, someone likes going out[]. Here in Malawi that would be this weekend you go with these people, the other weekend you go out with these other people - people will regard you as a prostitute. But maybe out there in UK people can go out without a name being attached to them. So you can say I will go, just to enjoy your life.”* (WS 5: P36F, 10 f. [*she did as revealed in her interview])

“Having money, it can change your life. Because if you have enough money, not necessarily enough, but then you have all this money that you can help yourself with and that you can even help your relatives although they are here. So thereby you might choose, maybe one day, I still want to go in town, or have good things and stuff. It's still changing your life style - even whilst you have your responsibilities for you families here. Somehow the life style will still be fortunate with the better standards of living. [...] It becomes all miserable when it comes to the point where you're so tired at the end of the month. You're getting the bills; somebody is coming along, school fees and that and this and that. And then sometimes you don't even eat properly, you don't even dress up as if you were good-looking - it becomes stressing.” (WS 5: P35F, 11)

Within the already tackled tension between family-relatedness and individualization of the life script, the attribution of money and time to life style must be considered an exclusive luxury, hardly attainable with a nurses' income in Malawi and under the conditions of financial responsibility for family members. Regardless of these difficulties to participate in the world of life style, a clear acknowledgement of a new importance of life style issues among the young generation of Malawian nursing graduates is made:

“[...] I have noted for me that this generation, in our nation we are even giving more worth to questions of life style. It is a difference from a few years ago. So our generations we are sort of copying with the Western cultures, as in terms of technology, life style and all that stuff. Now: As she (P22F) has put it: 15 years ago we would not go drive at night for a cinema. But now you go around at night, sitting around in town, after midnight, driving. So that kind of life style that is typical to us can motivate some people to go [abroad] for that. Saying that's the way I want my life.” (WS 3: P23M, 16)

The reasoning of P23M points to a new importance of life style activities in the definition of and requirement for social membership to the young generation of peers. At the same time the student highlights the perception that the new way of life is a practice in relation to and in acquisition of globalization: The practice is growing upon the social ties to “*Western cultures*” and reinforces them at the same time. Furthermore, migration in order to participate in a way of life that is perceived as typical characterizes a collective self-identity, constructing itself as transnational,

¹⁷² While P36F aimed to pursue further studies abroad as all other students, her explications highlighted that financial resources for the personal and family demands and her conflict with local gender roles constituted her main motivations to leave, whereas not gaining a master title was not considered as a major issue. When working in a remote area it was important for her to have a car to access entertainment in townie areas nearby.

Western and modern. The motivation to study abroad inscribes partly into this life style trend of the educated Malawian youth as it allows participating in an international network of the highly skilled elite, to which the students are attached by *Western*-oriented professional curricula, habitus and life style aspirations (see also C 2.6).

Beyond the students' expectations to make specific life style experiences abroad, the idea of life style choice abroad (see Featherstone quoted on p. 71) emerged as a common aspect of the life style-related dimension of migration intentions:

“Participant 2: I think, I can develop, there can be that personal development when I go there. [...] It can be exciting, it can be an achievement, personal achievement, ya. Because like, within myself, apart from the basic needs that I want in my life, there is also self-actualization. Of which one of them is to go abroad and see those different places. [...] [Self-actualization] is like to be satisfied to achieve what I wanted. Like to not necessarily having the material part of things but just be at a place where I've always dreamed of to be. Not necessarily maybe getting some more or a lot of money, whatsoever. But just having that quality life that I've always wanted to be in.” (Interview P2F)

“Participant 5: [...] and also socializing with people there: I would like to specialize with people who live in the UK, I would like to socialize with people who live in the UK so that I can see life at another perspective of life, at another angle, see what happens there comparing with what happens here in Malawi. That way I will have a broader perspective of what life is.” (Interview P5M)

These statements point out that self-actualisation is partly conceptualized as a matter of space and environmental conditions, linked strongly to ideas of social and spacial mobility. life style choice is approached as a privilege and a matter of placing oneself in a social setting, i.e. imagining the *social space* of reference as an individually definable and expandable one. For the majority of students who approached migration positively and designed temporally open migration projects, the prospect to *access* new life styles and broader personal and professional perspectives emerged as a characteristic trait of the biographic aspiration to migrate. The concept of “*reflexive habitus*” (Sweetman 2003, 537), meaning that habitus is not necessarily constituted by *what* is chosen, but may as well be shaped by the self-perception and entitlement to make *reflexive choice* itself, bears an interesting analytic perspective on these aspirations and images¹⁷³: Entitlements of reflexive choice can be relevant to the young nursing elite's globalized habitus definition, taking into account the common recognition that migration would increase the range of available choices on life and life styles. Reciprocally, it can be suggested that life style choice as a manifestation of *reflexive habitus* among the transnational, highly-qualified elite influences the self-perception and perspective on life style among nurses who feel related to this group. Migration is likely to gain further symbolic value as a privilege to access life style choice and broaden the personal horizon of ideas, networks and skills under the current political conditions where migration regimes increasingly restrict the choice to leave.

¹⁷³Sweetman (2003) develops this concept in a different context, with reference to particularly reflexive self-identities in late modern societies. However it allows, also in the students' context, capturing Giddens' argument of individualized self-identities and life plans as well as Bourdieu's argument about the influence of habitus and status requirements on professional and social aspirations and choices in a congruent picture.

Whereas the previous analysis has pointed clearly to the life style-motivations inherent to migration, the academic discourse on life style migration tends to ignore the impact of life style questions on the South-North migration of the highly skilled.¹⁷⁴ In arguing that the privilege of life style choices in the late-modern, developed world would define life style migration as a mobility among the wealthy *Western* elite only, they overlook the impact of globalization on the life concepts of individuals in less prosperous regions and the attractiveness of social images about the life style-world of the privileged “west”. Even if life style migration is a product of the specific conditions of late-modernity, its repercussions in countries of the global South have to be considered as well: Images about the access to the life style worlds of wealthy *Western* societies, promising superior life-standard, life style plurality and the luxury of life style activities, are an essential part of the young nurses' desire to leave. Such images are easily transmitted via transnational dynamics, as the social remittances of those coming back “*changed, rich, beautiful and educated*” (see p. 66) can easily establish a symbolic value of life style migration in the home society. Such images are furthermore reproduced constantly in the globalized universe of the media, nurturing e.g. visions of the life style world of health workers overseas: As highlighted by the comment of a Lebanese medical student in a study on migration intentions “*By thinking of medicine, you immediately think of ‘ER’ and ‘Chicago Hope. It’s like everything is registered in your unconsciousness*” (Akl et al. 2007, 1281).¹⁷⁵

While the attraction towards alternative life styles and individual life style choice was frequent, it did seldom establish as a motivation for long-term migration as, prominently, the time abroad was envisaged as a biographic period to explore and enjoy new life styles and access a different standard of living. The imagination about return inherited the expectation to have sufficient cultural and economic capital to allow access to life style activities in Malawi, so that the material life style aspirations could be harmonized with a short-term migration project.¹⁷⁶

¹⁷⁴Benson and O'Relly, giving a review of the literature on life style migration, regard it „[...] as specifically to the relative economic privilege of individuals in the developed world, the reflexivity evident in post-/late modernity, the construction of particular places as offering alternative life styles, and a more general ease (or freedom) of movement. [...] The search for a better way of life while held in common with other migrants such as refugees and asylum seekers, here implies something distinct, connoting a particular life style choice specific to individuals of the developed world. The current growth and diversity of life style migration is thus a product arising from the historical and material conditions of post- or late modernity.“ (Benson and O'Relly 2009, 620)

¹⁷⁵ Playing in US hospital settings, the prestigious relationships and life style debates of the upper class of American health professionals are situated in the heart of these soap operas (see e.g. <http://www.youtube.com/watch?v=jEs5XTAlpXU>). In the nurses' college it was also common to watch American movies during the lunch break. However not all attributes of life style would appeal attractive, e.g. to rather conservative female nurses commented the exposition of kissing and touching couples with some disgust.

¹⁷⁶Whereas female migrants' exposure to modern life styles may be associated with stigma in the home society e.g. in the case of women from Bangladesh (Dannecker 2005), such negative impacts of new life style-experiences on migrants do not seem to be of concern in the Malawian context.

This situation did not fully apply to women for whom life style connected strongly with self-development and gender-related empowerment. The tangly connection between life style choice, modern life styles and empowerment ties their aspirations towards self-determination and equality to the life-experience in the imagined social space of a *Western* country. The expected life style environment abroad thus becomes an essential facilitator to realize the personal life script that is not transferable to Malawi, even where personal savings preserve economic independence. However, none of the women attempted to draw a clear cut between life before and after migration as typical among life style-migrants in the global North, seeing migration as a liberalisation from a negatively connoted past (see Benson and O'Reilly 2009). Contrariwise, these women's current scripts of future combine the realization of the personal life plan abroad with the maintenance of relations and ties of solidarity to the family, introducing spacial distance to protect the social and family bond and the personal integrity (see C 2.3).

2.5 Religious guidance in the life plan

Outline of religious aspects in students' life plans: All interviewed students were affiliated to Christian churches, the major religion in Malawi.¹⁷⁷ They belonged to different groups of Christians, ranging from Catholics, over Presbyterians and a variety of Pentecostal churches to Jehovah's witnesses.¹⁷⁸ The interviews and observations revealed that religious practice, next to family advice, constitutes a central guideline of the biographic story and a superior frame of reference of future life imagination. Praying was outlined as an important practice in life decision-making and as a major factor of encouragement towards hard work, particularly in education, towards moral maturity and when coping with disappointments of the life plan, e.g. in the case of deviations of the career choice towards nursing. The students expressed deep confidence that their God, who would guide and bless them for their efforts, would direct their life to the good. For several students frequent worship as well as spiritual development represented a separate angle of the future life plan, while others simply regarded religion as a permanent guidance through every day life. Where freedom of worship was feared to be restricted in other countries, this affected the considerations about possible destinations.

Though religious life projects were not at the forefront of the nursing students reasoning about migration, the strong importance of religion in their scripts of life raises the question in how far religious perceptions and experiences interact with the aspiration to migrate.

Research on religion and migration has highlighted the global and cosmopolitan dimensions of Christian religious organizations and spiritualities, concluding, "*religion is a global societal system as transnational in its operation as the economy or the nation-state*" (Levitt 2003, 848). Four

¹⁷⁷ According to the 2008 census 82,7% of the population are Christian, 13% Muslim, 1,9% adhere to other, 2,5% to no religious group (NSO 2009).

¹⁷⁸ The specific church membership was tackled in seven out of the ten interviews. Pentecostal churches (Assemblies of God, Bible Believers and Holy Ghost and Evangelism ministry) were dominant in this subgroup. The broad spectrum of different affiliations, in particular to Pentecostal churches reflects the fast growth of these churches and ministries in Malawi (Englund 2004; Forster 1997).

dimensions of African Christianities' global links are considered as relevant to the context of this study and will be focused upon in this chapter.

The first aspect concerns the historical linkages of African churches to European and North American ones, established and maintained in missionary activities of migrants, crusaders and colonizers: In the case of Malawi it was the Scotland-based Livingstonia mission that opened the era of European invasion (Forster 1997). These linkages are present as African missions of these churches but have also been constitutive of most locally founded Christianities (see Englund 2003).¹⁷⁹ Grigulis (2010) has pointed to an eventual importance of historical religious ties in the choice of destination among Malawian overseas nurses, as her interviewees often lived in Scotland and belonged to churches originating from Scotland. Though the link to Scottish churches did not reflect in the reports of the nursing students I interviewed, freedom of worship and the availability of religious services were considered as an important issue in the choice of destination among members of the church of Jehovah's witnesses:

"[...] before I would go abroad I would consider some other issues like religion. To say, if I would be at a certain campus how long would I need to be traveling to my church and back? How much time would I need to devote to my studies and see how that affects my religious part and so forth. And then I would also consider: Is it accepted in that particular area, because there are some lands, where Jehovah's witnesses are not allowed to practice their faith. So I would also consider those things: If there is no problem with that, then I would go."
(Interview P31F, 15)

Her awareness and alertness about religious restrictions in other countries might be particular to members of this religious community, due to its historical experiences of oppression and persecution in Malawi, particularly during the long era of president Banda, as well as in many other countries, e.g. South Africa and several European countries (Forster 1997, Penton 1999). Such concerns did not repeat among members of other Christian groups which could be explained with regard to the global networks of European and African Christianities, making spiritual services available in most global metropolises and thus weakening the historical religious links to specific destinations (Vásquez 2009).¹⁸⁰

The second aspect regards the spiritual ideas of global membership that establish a cosmopolitan sense of belonging, alleviating the essentially local meaning of homeness that attaches people to their surrounding. As has been argued by Englund (2004) regarding Pentecostal Christianities in Malawi, the Christian religious idea of being in the evil material world as compared to being in the spiritual space of encounter with God builds an idea of spiritual homeness that transcends local belonging.¹⁸¹

¹⁷⁹In Malawi, the international solidarity of religious communities has caused a historically tensioned relation between religion and the project of sovereign national development of the Banda regime (Forster 1997).

¹⁸⁰However, none of the students mentioned to consider leaving for a Muslim country though e.g. Saudi Arabia is a major destination country for overseas nurses. This may be regarded as a hint at the (at least implicit) importance of shared religious self- and social identities in the choice of destination, found among migrants from Muslim countries (see Dannecker 2005).

¹⁸¹At the same time, a global portability of religious ties can be established via practices of public worship that localize religious

Though this pattern did not directly reflect in the findings of this research, a global reference of spirituality became tangible in female nurses' perception of their professional mission as a universal one. Approaching their involuntary career deviation into nursing as a blessing of the Holy Ghost to serve God's mission of care for any human alike, their future professional vocation dedicated itself to a global mission of care that transcended the attachment to a particular place (see also C 2.1). The religious self-identity inscribes here into the transnational professional habitus of the students (see C 2.6). The argument furthermore establishes a fundamental legitimacy to migrate, "*using religion to create an alternative allegiance of belonging*" (Levitt 2003, 851) and meaning (ibid.).¹⁸²

The third dynamic of interest concerns the transnational activities and social identities creating upon shared religious affiliations that establish *symbolic ties* (see Faist 1998) between community members back home and abroad.

As has been shown for Ghanaian members of Pentecostal churches, their imagination of the religious community extends to a global dimension, promising the individual membership in a worldwide community of believers that serves as a powerful point of reference for the individual's religious self-identity formation and anchors the self as a global, rather than a local subject (van Dijk 2002). In line with this, the attachment to a specific local congregation was not a concern to migration among the interviewees, though frequent praying and ministry as well as spiritual development were outlined in several cases as important angles of the future life.

However, at the same time links to local congregations can also generate transnational religious practices of migrant members, including financial contributions, long-distance guidance or home-visits (Levitt 2003). Mkwinda-Nyasulu and Chilemba (2007) have pointed to a Malawian example of such religiously mediated transnationalism, regarding the diaspora engagement of African overseas professionals in the Seventh Day Adventist church in the USA.

Another concrete face of the transnational constructions of religious identity has revealed among Pentecostals in West Africa, where the teaching of local churches engages strongly in the promotion of migration, up to the promise of spiritual and material service for the realization of transnational life projects and migration-plans as well as for the mission of social modernization and individualization modelled to allegedly *Western* values (van Dijk 2002; Hunt 2002). Though none of the students pointed directly to such church services, several students stated that they would consult a priest when making a migration decision (Quest.). As a story of P25F disclosed, globally

spirituality in specific spirits and material objects, establishing experiences of "*dialectic between the materialisation of the spirit and spiritualisation of the material at various spatio-temporal scales*" (Vásquez 2009, 280).

¹⁸²The citation is transferred from a different context, as Levitt described this practice as a transnational one, applied by migrants, stating that such materially "unobservable dimensions of religious life" tend to be undervalued in transnational studies, while they constitute an important identity-relevant practice of migrants and migrant communities.

active religious communities in Malawi have also an impact on the local ideas about the benefits of migration and the values of *Western* societies, if they generate transnational spaces of intercultural exposure within the local congregation.¹⁸³

Fourthly, beyond the direct global linkages between religion and migration explored ahead, the trend of Pentecostal churches to promote independent and self-determined scripts is relevant to our context, as it reflects closely the students' individualist self-identities, their career orientation and aspiration to pursue self-determined life projects¹⁸⁴:

"[...] the doctrines expressed [by Pentecostal Christianities in West Africa] move away from the sectarian and millenarian focus of traditional black Pentecostalism and have come to embrace some of the core values of Western society: materialism, success, careerism and human potential. The teachings, values and overarching ethos of these black Pentecostal churches with their emphasis on equality of opportunity, alongside free choice, also encourage members to regard themselves as authors of their own identity and biographies, and to constantly reflect upon themselves in order to shape their futures rather than engendering a feeling of resignation and fatalism." (Ibid., 165)

Furthermore, these religious advices address the ambivalences between divine determination and familial obligations of reciprocity on the one hand, attempts towards individual self-determination and reflexive self-identities on the other hand.¹⁸⁵ In turn, they support the students' migration intentions related to self-empowerment as well as individual professional and personal progress. At the same time the religiously constructed sense of individuality carries an ambiguous concept of individualism and should not be mistaken for a liberal approach to self-determination in the terms of Giddens.¹⁸⁶ However, according to van Dijk (2002) the here transmitted idea of *individual* identity can establish a promigratory condition among community members, as it creates a delocalized and globalized habitus (see van Dijk 2002). The religious reasoning of charismatic Christianities on individualism and modernity might accordingly strengthen the intersections of migration and individualization that run through the students' different life projects.

This discourse of individuality and migration, the global mission of nursing as well as the transnational linkages of African Christianities are to be considered as one of many elements within the broader social dynamics of globalisation in Malawi, that shape promigratory attitudes among

¹⁸³She reported that her family used to have international visitors, coming to pray in her father's (Pentecostal) ministry and that male visitors expressed irritations about the unequal sharing of household labour in her family. She concluded from there that men in *Western* societies would hold more liberal and to her mind and life style appropriate attitudes of gender equality, raising her attraction to find a foreign life partner (Interview P25F).

¹⁸⁴The coexistence of highly individualistic and highly religious self-identities as revealed in the students' life stories, indicates that they stand in a positive relationship (e.g. Interviews P25F, P2F and P36F).

¹⁸⁵As shown by van Dijk (2002) Pentecostal churches promote a conjugal rather than an extended family model, providing an ethical framework to bring kinship obligations under the individual members' supervision while contesting family and traditional authority, which become associated with backwardness and ignorance. This reflects closely the students' discourse on the family-relatedness of their life plan (C 2.3). The Pentecostal family image is characterized by a strong ambivalence between family as an important emotional bound and an evil source of domination, as it also emerged in statements of P36 (see p.61f.).

¹⁸⁶This idea and habitus of individual self-determination stands under strict doctrines of religious ethics and leaders' authority (ibid.), as also acknowledged by Englund for the Malawian context: "*The self-confidence and lack of an inferiority complex that Pentecostal religiosity sustains should not, however, be mistaken for individualism [...]. Pentecostals may be averse to hierarchy in a bureaucratic sense, but their religiosity does entail a process whereby their subjectivity, in Marshall-Fratani's words, is 'consecrated to a higher power'*" (Englund 2003, 96).

the students. Nonetheless, as religious advices and prayers are quotidian practices to gain moral guidance for life decisions, pro-migratory religious ethics and practices are likely to strengthen the viability of the individual migration intention subtly but fundamentally.

2.6 The life project of social and socioeconomic development

Outline of students' social and socioeconomic life projects: The students' life projects of social and socioeconomic development commingle social status ambitions, ideas of social change and multiple affiliations to transnationally as well as a locally defined communities. A personal and moral attachment, resulting in the will to make a social contribution to their country, formed part of the migration and return ideas in most students' life plans. Guided by elite self-identities of not wanting to be an “*average person*” (Interview P5M, 7), most students revealed furthermore high expectations of status mobility in Malawi, including the improvement of their job position, their economic position, social recognition and influence. Those were linked to ideas of becoming actors of development in their home society. The students' discourse on development and migration positions their personal migration project within the societal expectations. Parallel to local attachment, the students express a habitus of international exposure and transnational practices that relate them to the international community of the highly skilled and associate international exposure with expertise and status.

This chapter will approach the role of migration in students' social and socioeconomic life projects by outlining the local and global references of their social identities and ideas of socioeconomic development on behalf of migration.

The first part of this chapter shows that the students' mostly temporary migration projects reflect an interaction between global references in their habitus and their local attachment and status aspirations, establishing transnational social identities. The second subchapter discusses the students' ideas and projects of migration and development. It highlights the relatedness of their social projects to social discourses of *brain drain* and *brain gain*, as well as their acquisition of these discourses for the justification of their personal biographic aspirations. As aspect of social and socioeconomic status have been of relevance to other life projects already, some previous findings will be taken up to discuss them under the perspective of students' local and global social relatedness.

As has been argued by Bauman, the social perceptions in a globalized world tend to establish a hierarchic antithesis between the global and the local sphere:

“Today’s existence is stretched along the hierarchy of the global and the local, with global freedom of movement signalling social promotion, advancement and success, and immobility exuding the repugnant odour of defeat, failed life and being left behind.” (Bauman 1998 quoted in Larsen et al. 2005, 353)¹⁸⁷

¹⁸⁷Bauman regards this hierarchy of values as characteristic for the influence of globalization on migrants' perspectives as well as for the establishing of migration as a socially sanctioned *rite of passage* (see Massey et al. 1993).

Students' arguments about the development potential of migration and the risk of failure in Malawi reflect this reasoning quite closely. Concretely this prioritization of the *global*¹⁸⁸ over the *local* became evident regarding the choice of a place for further studies:

"I can't just say, it's something that will come as an opportunity, but it's something in my plan to say: At some point in time I will need to go out. I tell myself to say: It's good to have different schools of thoughts. I can't say it's good to do everything in Malawi, your primary school, secondary school your degree then your masters, your PHD, everything. No, it will not be good. It's different and it's good to have an experience, not just because it's the same thing, they are doing, teaching. No, just by the change of environment, having different people and everything it makes you learn. Apart from that learning that thing you also learn other things, which also will help or assist you even in your academic or in your education. [...] So I feel not just for the sake of my education or for the sake of me having experience or working outside for maybe some years but then even as in personally I can learn something." (Interview P25F, 10 f.)

Several students pointed furthermore to the particular social capital or socially embodied cultural capital connected with the membership to a global academic networks as they thought to find a new, inspiring academic environment, expected to enrich the professional and broader life-perspective, bear job opportunities as well as new skills and cultures of learning.¹⁸⁹

"Participant27F: [...] I can profit from that, because going abroad you meet different people, you make some connections and some people can also help you develop in life. Yes. So I would like that."

Researcher: Like to develop opportunities or what?

Participant27F: Yes. As in job opportunities.

Researcher: And do you think it can also help you to mature as a person? Or do you think it's not very good for that?

Participant27F: Yes, it can help. Most of the times people get matured in terms of knowledge due to exposure to different personalities and different people. Ok, I can give an example of somebody who has not been to college and somebody who has been to college: The knowledge status differs. Even if the other one is a genius (laughing) in terms of being in class, but exposure to different people also helps you in knowledge development." (Interview P27F, 13)

These statements on the advantages of global exposure and participation in global academic environments can be regarded as an expression of aspirations towards membership to an imagined global community of the academic elite, characterised as an innovative, academically, professionally as well as personally developing social sphere. That P25F expects to learn the same things as in Malawi suggests that she sees herself as equally well trained and entitled to participate in this privileged environment.¹⁹⁰ Considering furthermore the students' social identity as Malawi's academic elite and also as the new life style oriented generation, a globalized social peer-identity becomes noticeable. It links local and global spheres of references into a transnational habitus and attributes to the migration experience a final, unconditional value, as compared to the instrumental value that builds upon the expected outcomes of migration.

¹⁸⁸Where the word "global" is used in the sense of Baumann. An italic font will indicate this.

¹⁸⁹The last aspect of attractive cultures of learning has already been highlighted with regard to a group discussion on migration and professional objectives (see p. 44). It refers less to the international student community but to the interaction of teachers and learners in the academic environment abroad.

¹⁹⁰Similarly, the frequent expression of having been trained in doing *ideal nursing*, of embodying the cultural capital of the global nursing elite is seen as a prove of belonging where they would be able to use and enhance these skills (Quest.; WS 2).

The transnational habitus manifests in the transnational practices in the students' social peer environment of academic nurses in Malawi, where role models often possess international experience, which they transfer:¹⁹¹

“Participant2F: When she went there and she stayed there for three months, at her friend’s place, whilst doing some other studies. And then she went to the hospital directly. [...] I met her here [in the nursing college]. When I was in first year, she was here pursuing her midwifery. So we used to be good friends! Yeah! That’s where I got to know much about her: Here.

Researcher: Mhm. And do you think she would invite you? Would she try to help you if you went abroad?

Participant2F: Yeah! That’s what she has been telling me (laughing). Yeah because she went to the UK because she had a friend here at Kamuzu College of Nursing. She told me that when she was here, at KCN, in her first year, she had a friend who was also pursuing a certificate in midwifery. So she was like: ‘I also want to do the same thing that I was done by the other person. So [...] she wanted to give back the favour that she was done by the other person, yeah (Laughing).’ (Interview P2F, 18)

Such practices institute a *culture of migration* that relates the *global* orientations to the habitus of the local *social space*. At the same time, this culture of migration establishes transnational social bonds between students at KCN, as the idea of reciprocity translates into a commitment to support the migration prospects of the following generations.

At the same time, this context indicates that young nursing academics are likely to seek migration more in their social role as university graduates than in their function as nurses: Considering firstly that Malawi's last population census has revealed a high and continuously increasing rate of international migration for study purposes¹⁹², secondly that nursing students' partners were also generally seeking to migrate for further studies and thirdly that the academic environment on other campuses is likely to bear similar international linkages, the assumption is fair that not specifically nursing students but the young generation of Malawian academics in general have established a culture and a habitus of migration, seeking foreign degrees and international exposure as part of a globalized academic habitus.¹⁹³

That the students' symbolic valuing of global academic environments mirrors very much the narratives of mobility among international students from developed countries, might even point to a common, globalized habitus of international mobility in the class of privileged academics of countries in the global North and the global South:

“It appears that a ‘world-class’ education for some is embedded in a mobility culture that attaches symbolic capital to the very performance of international living and that aspires to engage in international career trajectories that some might see as the hallmark of the transnational capitalist class [...].” (Findlay et al. 2012, 122)

¹⁹¹ UNIMA lecturers are generally supposed to hold Master or PHD titles, usually requiring a stage of studies abroad. While lack of highly qualified professionals in the country has hindered UNIMA from reinforcing this principle strictly (UNIMA 2010), international experiences of students' academic role models were found to be the normality in the campus environment.

¹⁹² The census only considered non-return migration, which is naturally higher in very recent years, when temporary and non-return migrants are not distinguishable. However it points out that since 2002 a considerable and increasing number of young people leave Malawi to seek further studies. It is probable that this trend considers in particular university degree holders and professionals with internationally recognized qualifications who are granted access to tertiary education abroad.

¹⁹³ Regarding academic nurses this raises the question, whether restrictive migration regimes might lead to a negative reputation in the academic environment and impede the recruitment of students over the medium term.

While this discussion of students' social linkage to the global academic elite would suggest a design of mobile concepts of future, inscribing into the global culture of mobility among the highly-skilled¹⁹⁴, their discourse about return as an essential element of the future life vision points into another direction.

It points to an integration of *global* perspectives with the appreciation of home on the level of the life plan, as will be explored in the following.

On the one hand, the idea of return stands in the context of negative expectations regarding the conditions of social membership abroad, due to xenophobic rejection, discrimination and violence, highlighted as most important challenges for migrants and as reasons why return was an imperative to find a happy future.¹⁹⁵ Only where students presumed overwhelming difficulties to gain a higher social status in Malawi, due to persistent local gender roles and professional hierarchies, social perspectives abroad were evaluated as more rewarding.¹⁹⁶

On the other hand, far most students express a strong social identification with their home community, as they integrate migration into life plans that fundamentally orient towards a future in the *Malawian* society. The students' representations of a promising, happy future in Malawi, articulated in the saying "*home is home, home is best*" (WS 4: P32F, 14), point to an emotional factor of attachment to family and culture.¹⁹⁷

"And you go for some years and then you come back, because when you go there you miss your relatives, your family. You may have a lot of money in your pocket, [...] you may have a good life, but social contact with your relatives is very important." (WS 2: P15M, 12)

"There you cannot live the life you always wanted. As for me, I love my country and I've realized it's a peaceful country and it is very different what people are experiencing in these other countries." (WS 4: P25F, 15)

This emotional combines with a strong status-related factor. The latter entangles expectations towards personal development abroad with expectations that this development would increase the personal status in Malawi, to the extent that the future life in the aftermath of migration would confer to the living standards of an elite member of the society. This connection has already been discussed regarding the students' professional life projects, within which migration is sought to improve the occupational respectively social status as a nurse (see p. 46f.). The aspiration to generate economic wealth by means of migration is part of this context as well:

¹⁹⁴ "[...] international student mobility must at least in part be related to subsequent mobility intentions relating to the rest of the life-course. Thus [...] migrating to learn may be part of the process of learning to migrate. The suggestion here is that student mobility is not simply a subset of youth mobility culture, but part of a wider set of mobility cultures linked to a person's outlook on their entire life-course (Brooks and Everett 2008)." (Findlay et al. 2012, 122)

¹⁹⁵ Insights from the group discussions highlighted that racism and violence were regarded as a fundamental complication to participation, safety and joyfulness in social life among Malawian overseas nurses (WS 1; WS 2). The focus of such negative images particular on South Africa may be explained by the high media presence of the South African riots and the historical experiences of Malawian migrants in the white economic system of the colonial and the Apartheid South Africa (see A 3.).

¹⁹⁶ Some students assumed professional status mobility based on a higher social appreciation for nurses abroad (WS 1), while some female students supposed that a higher social participation and respect for single or independent women would be possible in the context of liberal and plural societies abroad (WS 5; Interview P36F).

¹⁹⁷ Several students demonstrated pride that their country had never seen a war, pointed to high levels of security and a culture of peacefulness, regarded as benefits of a life in Malawi that could easily be lost in other countries (WS 4).

“And also when you are there and you have money, they wouldn't recognize you, because everybody has money. Everybody is driving like a pushy car. You come back here with a pushy car and everybody will be looking at you.” (WS 2: P11F, 12)

“So you go for some time, you make money, you upgrade your academia, you come back and get an important position.” (WS 2: P15M, 12)

As the above statements of P11F and P15M highlight, the value of the resources generated via migration tends to be evaluated with respect to the home, not the destination country: Back home, the advanced cultural, social, economic and symbolic capital sought abroad is seen as a guarantee of privileged income perspectives, and the personal savings allegedly to be generated abroad are expected to translate directly into social status.¹⁹⁸ Applying Bourdieu's (1986) theory about the different conversion rates of capitals to this situation, the students' migration projects may be explained as a strategy to convert the cultural and economic capital accumulated abroad at a particularly high rate because it possesses a value of scarcity in Malawi. The enhanced value of these capitals is thought to assure access to ever more social and cultural capital, translating into high economic capital and ultimately into the satisfaction of occupational, economic and social status aspirations as members of the educated Malawian elite.

In this context, the high instrumental value of migration becomes evident, as migration is approached as an individual biographic *rite of passage* strategy.

The intention to migrate in search for global opportunities and entitlements inherits a *global* emancipatory idea, which characterizes the students as global political subjects in the sense of Giddens, who describes “*emancipatory politics*” (Giddens 1995, 7 and 1991), as a political quarrel for life chances, threatened by socioeconomic inequalities in the global arena.¹⁹⁹ Connected to this emancipatory element, the young nurses' migration projects reveal a particular agenda of “*life politics*” (*ibid.*) – politics which go back to the dialectic intrusion between the global and local sphere in the reflexive projects of self and society in a context of globalisation and late modernity as they seek an environment of individual life styles and life style choices which is thought to be found abroad and at the same time essential to their local peer-groups' identity and aspired way of life (see C 2.4). This connection revealed furthermore in the context of gender in the case of a female nurse who envisaged that her emancipatory migration project would equip her economically to live in

¹⁹⁸ This is not meaning to say that economic reasons to migrate may not be a priority but to contextualize them within the broader life-perspective. The role of economic expectations abroad might even be underestimated in this study. According to findings of Aboderin (2007) interviewers like me, a white European, may provoke interviewees to understate the money-issue of migration in order to avoid the confrontation with the frequent negative stereotype among white Europeans that African nurses would just come for money.

¹⁹⁹ The migration-for-empowerment idea has already been highlighted in several life projects (see e.g. C 2.2, C 2.3). Giddens' concept of emancipatory politics however does only partially apply here, as the nursing students may be regarded as socioeconomically privileged group in the local context and as the argument on migration as a protest against the global distribution of resources did not mirror directly in their reasoning. The concept appertains nonetheless e.g. to the status struggle of nurses in the local hospital hierarchy: The students did perceive migration partially as a vote with their feet in protest against political institutions and occupational conditions which to their mind ignored their interests and necessities.

Malawi in disaccord with traditional gender roles and to protest against gendered restrictions of life styles (Interview P32F). It inscribes into Giddens' concept of gender-related life politics:

“Women across the world now stake a claim to forms of autonomy previously denied or unavailable to them. [...] however, that claim to autonomy intrudes deeply into the domain of life politics, for it raises issues to do with the very definition of what it is to be a woman, and therefore a man, in detraditionalizing societies and cultures.” (Giddens 1995, 11)

This *life political* aspect of students' migration intentions brings global entitlements and social remittances together, describing transnational fields of action, sought to liberate from the curtailment of the public life course, to design social development back home as well as to newly encounter with the local social context as an emancipated and renewed subject.²⁰⁰ It draws upon elite self- and social-identities, which inherit claims of entitlements to *global* experiences on the one hand, to the transformation of *local* conditions in Malawi on the other hand. Reciprocally, the elite's mission of distinctive self-development is located exclusively in the social context of a developed world, conceptualizing the social space UK as a reservoir of what is locally inaccessible. As a result, an antithetical mental geography of the global vs. the local, development vs. underdevelopment establishes. It embeds the individual migration intentions on one side into the global conditions of structural inequalities. On the other side it inscribes the students' reasoning into a (post)colonial antithetical discourse about the developed versus the developing world that reflects a hierarchy of the *global* over the *local* in the terms of Bauman.

In the following discussion the students' discourse on migration and development will be scrutinized as it highlights social references for their reasoning about migration and situate the personal migration projects within the global debate on *brain gain* and the local discourse on *brain drain*.

For many, especially female students the imagination of a successful return was connected with ideas to make charitable social investments into the local health system, e.g. building hospitals or wards with specific facilities.

“Researcher: [...] when you are thinking about migration is it rather a decision you want to make for life, to stay there? (Several students giggling “no!”).

Participant 8F: Just to make money and come back. We can also contribute to the development of this country like building a hospital for Malawians who get old, or a psychiatric (hospital), since in Malawi we don't have that.” (WS 1, 11)

“[...] if we want to add value then we MUST get good education and then come back, develop our country. So it's still good that we go abroad, we come back, develop our country - we should be proud of our country. So we should still develop it.” (WS 3: P16F, 21)

²⁰⁰The students' positive symbolic connotations with migrants coming back beautiful, modernized and changed suggests a higher social tolerance towards untraditional life styles and behaviours of returnees, i.e. a different fundament to bring personal life styles and choices into agreement with aspiration towards prestige in the local society.

Such charitable investments were connected in some cases with the openly expressed wish to become a socially appreciated person, which points to their presumed relevance for social status in Malawi.²⁰¹ At the same time their commitment to development back home stands in a context of a disputed viability of migration for the home country: The question about the social viability of migration brought about the most controversial debates throughout the workshops. Whereas freedom of choice and a right to free movement were commonly advanced against political restrictions on nurse migration (e.g. WS 4), many students discussed measures to secure that migration should be temporary as a viable solution.²⁰²

“As for me I personally think that there should be programmes to determine that they should GO outside and COME back. Just do their studies and then come back. Because if you look at the nurses section, if the nurses go, that means there will be shortages, there will be more and more shortages of nurses. [...] Not just going forever and work, not coming back - which is not good. (WS 3: P21F, 21)

Approaching the students' divergent and often ambivalent attitudes as acquisitions of social discourses, references to the *brain drain* reproach to migration, but foremost to the *brain gain* argument become obvious: Several students' argued that skilled return and investment in Malawi, remittances as well as advocacy could generate considerable social benefits for their country (WS 4; WS 5)²⁰³ making reference to the new *migration-development mantra* (see p.8) and establishing at the same time a second moral fundament for their migration plans, next to the professional ethos of nursing.

As has been highlighted by Nieswand (2011), positive linkages of migration and (trans)national attachment to the home society have been transforming the political dialogue on South-North migration in many destination countries, diaspora communities and African countries of origin throughout the past decade. While the Malawian political discourse on nurse migration does not seem to have incorporated this positive point of view on migration so far,²⁰⁴ its strong presence in the students' arguments suggests that social experiences of return of health workers as well as the discourse of transnational social actors, such as transnational religious or professional communities of overseas health workers²⁰⁵, may have been shaping their common images about migrants as

²⁰¹Several students when asked to state a personal wish for the future in the personal introduction part of the workshops expressed those wishes. They concerned material and immaterial contributions like making a change in a specific field of nursing or delivering good quality care to the poor and needy. Among the students who highlighted such wishes several assumed that this would earn them social appreciation and that people should know their name (Field diary).

²⁰²Discussions about the contributions that overseas nurses should make to Malawi showed several divergences: while some nurses rejected any moral responsibility beyond family solidarity, some saw themselves responsible to compensate to the Malawian government or health system and others pointed to a responsibility of the recruiting country (Annex I: Table 7).

²⁰³Whereas the students focused the positive impact of migration upon return, they also considered remittances, temporary charity work in Malawi or advocacy for the country when abroad, repeating elements of the newer international discourse which focuses the development effects of transnational diaspora activities.

²⁰⁴Political documents and discussions tackle nurse migration in particular and migration of skilled professionals in general as a challenge, not as an eventual potential for the country (Durevall and Mussa 2010; Muula 2006-2). Further information: see D 1.

²⁰⁵E.g. the Adventist “operation reach back” (see C 2.5) or diaspora initiatives of physicians and nurses in the UK and Scotland (Lwanda 2007; Grigulis 2010)

actors of development. The students' *brain gain* discourse appears in this light as a personal acquisition of available positive discourses on migration, in order to justify the personal plans.

At the same time however this discourse is not the dominant one in Malawi, where the common public opinion on migrating nurses has shifted from accepting towards disapproving attitudes (Grigulis 2010). This national discourse is also to be considered as an important sphere of influence on the students' migration intentions, as the symbolic and formalized belonging to a national community, the institutionalized form of collective solidarity and social capital (Faist 1998), defines what is regarded as a socially respectable. It thus determines negative social status effects for a socially disapproved migration project.

The young nurses' controversial ethic discussions in the group may be interpreted as an evidence of the individual's struggle to position the personal migration project in a socially compatible way towards the averse public discourse on the migration of nurses in Malawi:

Firstly, they showed awareness on the country's need of their services and the presence of public anger about the losses that migration of Malawian overseas nurses allegedly causes to their country.²⁰⁶ As has already been discussed, several students had even been directly confronted with parents' patriotic objections against migration (see C 2.3).

Secondly, they expressed rejection of long-term migration and opinions that migration should result in positive returns for the home country via skill transfer to students and colleagues, application of advanced skills, investments or remittances, affirming conformity to values of national, social and familial solidarity.

Thirdly, personal aspirations regarding migration tended to be equated to the public concerns e.g. by presenting as victims of structural constraints, particularly regarding working conditions, access to further training and a poverty trap. Foremost however, the conflict between the personal migration prospects and public expectations was alleviated by designing temporary migration projects under an umbrella of social viability: The students' promotion of temporary migration schemes and *brain gain* inscribed migration into the national project of development, thus building social legitimacy and admiration while protecting the expected symbolic capital of migration from public dispute. Rather than as mere gestures of national and familial attachment, the personal contribution to development in Malawi may accordingly be understood firstly as a legitimization of migration as a strategy of status transition that is socially beneficial to the home society. Secondly it may be approached as a material manifestation of the symbolic capital of migration, meaning to

²⁰⁶Several statements of the students revealed a negative public attitude against nurses leaving the country. They pointed to a common argument on nurses' obligation to care for their "own" people, to give back their services in exchange for the education they received and to contribute to the country's development. However the public expectation towards domestic nurses to serve in Malawi contrasts with the high social appreciation reserved for those, who made it abroad.

strengthen the social capital of social and familial bonds, which are supposed to facilitate a good life back home upon return.²⁰⁷

The students' migration and development discourse highlights beyond this their broader ideas of social change as members of the Malawian elite. As observed by Dannecker (2009), migrants' ideas and experiences of migration may be connected with a high variety of ideas about *development(s)*, which may encourage deep changes in the social imagination of development and modernity, depending on the power of its stakeholders.²⁰⁸ The insights from this study suggest on the one hand a material and status-related idea of development, connected with socially recognized investments in the family and society.²⁰⁹ This reasoning is connected with the wishful thinking about migration as the access to the developed *Western* world, according to which development becomes projected into the individual life plan and self (see also Raghuram 2008; McNeill-Walsh 2004). Their images about the destination UK absorb the master development narratives of the colonial discourse about modernity and the superiority of the West, which are partly persistent in the actual presentation of development actors as well (Biccum 2005).²¹⁰

On the other hand, the students' ideas of development back home indicate a link to the already discussed colonial references of nursing: The professional mission of developing the home country, bringing advanced nursing skills to Malawi, is not only consistent with the *brain gain* discourse, it also reproduces the colonial reasoning of development on behalf of *Western* nursing as described by Schultheiss with special reference to the Philippines:

“British nurses in the colonies were not simply purveyors of medical expertise assigned to teach modern Western methods to ‘the natives.’ [...] Modern Western medical care was understood by these women to represent the pinnacle of civilization, and thus its introduction into the colonies [...] was a critical part of the broader ‘civilizing mission’. [...] The goal of initial training efforts was to mold Filipino nurses in the Western, American model as a means of bringing modern medical techniques and standards to the islands.” (Schultheiss 2010, 154)

As they approach migration with the idea to become missionaries for modern medical care, their immaterial social contributions appear as symbols for the wish to modernize the *local* Malawian health system by means of the developed medicine of the *Western* civilization.

²⁰⁷ Similarly, Herold (2008) has found that the remittances of Ghanaian migrants in Germany serve essentially to build social capital and prestige in the home society, gaining particular importance due to persistent wishes to return. Herold however finds that societal as compared to familial investments are not evaluated as equally effective to build the necessary social capital for a return.

²⁰⁸ What exactly is covered by the young nurses' visions of development has not been in the focus of research and cannot be tackled in detail. An appropriate analysis of the students' discourse on development and modernity would furthermore require looking into the specific Malawian creation of modernity and development within the modern capitalist global context (see Watts 1991).

²⁰⁹ E.g. the plan to build up income-generating investments or businesses in Malawi, like rental houses, -trucks or agricultural investments that, was presented with a notion of national loyalty. In a few cases those investments were seen as a way to generate the freedom to nurse “*from the heart*” (WS4: P25F, 15), while they mostly appeared as a liberation from working necessity or as a financial security for the family- and the self-development project.

²¹⁰ Biccum (2005) refers to the presentation of development e.g. in promotional literature of DFID, where the UK “narrates itself as a metropolitan nation that is civil, developed, modern”. Similarly, the day to day experience in the capital Lilongwe seems to narrate development as a business of the wealthy and skilled, as white foreigners, most of whom working in the name of development cooperation, are visible by driving new white jeeps, and highlighted everywhere as funders or expert consultants.

3. Condensation and application of findings

In order to compile the main results and establish a basis to discuss their development political consequences, this chapter firstly gives an overview about the main areas of importance under the biographical analytic perspective, secondly summarizes the overarching results of the previous discussions and thirdly assesses their impact on the future retention, migration and return of the young nurses.

3.1 Summary of findings

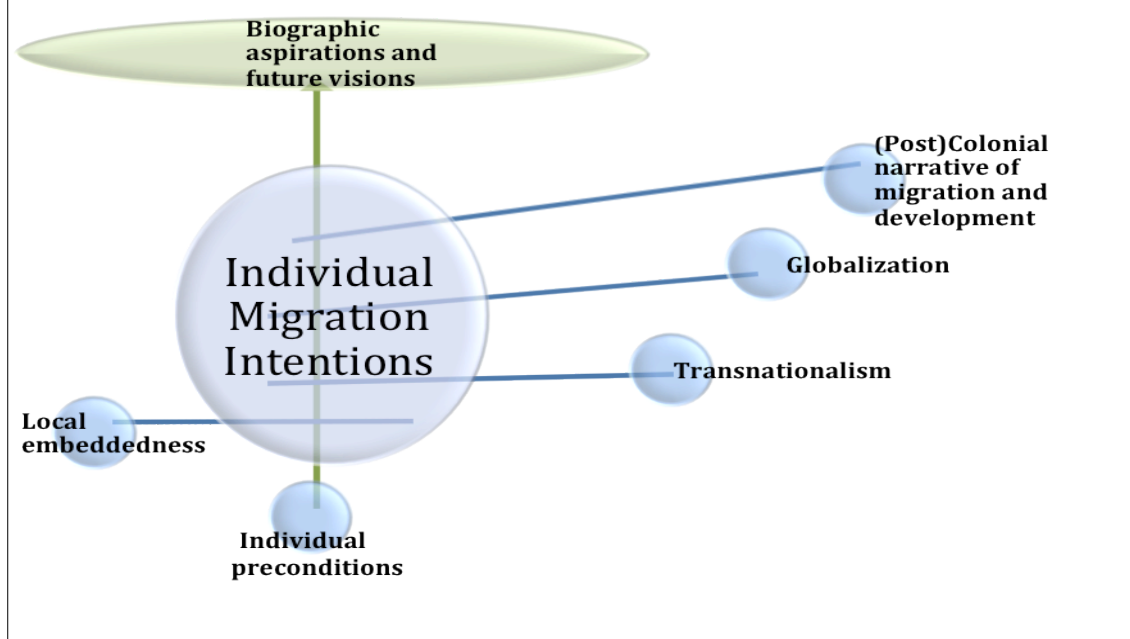
A general attempt of this study has been to broaden the analytical approach towards the migration of Malawian nurses from a biographic perspective. The biographic approach of the previous discussion has opened the analytic perspective on five main areas of influence on the students' migration intentions. Together they highlighted the interplay of individual, local and global influences on the students' biographic approach to migration.

A general attempt of this study has been to broaden the analytical approach towards the migration of Malawian nurses from a biographic perspective. Thus, the analytic approach to the topic as it has been establishing throughout the discussion (Table 6; Figure 4) is of interest. It brings the students' individual preconditions for migration together with local and global influences that shape the migration intentions, as well as with the biographic aspirations and values, which give orientation to the life plan.

Table 6: Influences on Bachelor of Nursing students' biographic approach to migration

Individual preconditions	Embodied cultural and social capitals facilitating migration Degree of social embedding/determination vs. individualization/entitlements Professional, personal and social status aspirations Strategic acquisition of global and local resources Information/awareness of local and global chances/challenges
Local embedding	Family and social expectation of reciprocity and status Social and gender norms of the public life-course Local discourse on migration and development Professional status of nursing and accessibility of status progress
(Post)colonial heritage	Idealised images about nursing in Britain Colonial linkages and traditions of migration Imagination about global development versus local under-development
Globalization	Global nursing and academic markets Global mobility culture of the highly-skilled Images about globally available resources and life styles
Transnationalism	Cultures of nurse migration and academic migration Religious transnationalism

Figure 4: Global and local dimensions shaping the students' biographic migration intentions



Beyond this broad panorama of factors three overarching findings can be highlighted from a meta-perspective on the discussion:

Firstly, the students tend to situate their future life within global, transnational and local settings and arrange their biographic plans into a sequence of migration and a subsequent stage of successful return. Thus their migration projects form part of a biographic future concept that is directed towards a good life in the Malawian, not the destination country's society and labour market. Migration functions within the young nurses' life plans therefore as a biographic strategy to acquire resources, which are expected to be inaccessible in Malawi but important to reach an elite social and economic status in the local society. These resources comprise the *cultural capital* of academic education, the *social capital* of membership in an international community of the skilled and privileged, the *economic capital* of personal savings and higher income as well as the *symbolic capital* of migration as a manifestation of privilege. The students' migration projects can be classified as migration-to-study projects in the first place with particular biographic importance being attributed to the development of *cultural capital*. Within their concepts of future life the migration-to-study project accordingly gains a particular importance and symbolic connotation of development, empowerment and success.

Secondly, the students' intention to gather these resources by means of migration is fuelled on the one hand by a transfigured (post)colonial perspective on the opportunities of development accessible in the modernized West. On the other hand their affinity to migrate ties up with a transnational habitus of nursing academics. In this context migration is approached as a means to

participate in a global community of the privileged and as a biographic *rite of passage* to obtain personal development and elite social status in Malawi.

Thirdly, the students' migration intentions stand in the context of individualistic life scripts and elite self-identities that are confronted with social limitations of self-determination and career due to gender roles, family expectations and local employment conditions. Under these conditions the students' approach migration as a socially compliant strategy of self-empowerment and self-development. This approach to migration implies a generational tendency towards individually shaped migration projects, in which the urgency of a move abroad is evaluated mainly in terms of the individual life agenda. Socio-economic expectations of the family, necessities of partners and children as well as caring responsibilities towards family members in the case of female nurses constitute challenges and interferences to those individual migration projects. This approach to migration is in particular important among single women with highly individualistic life scripts, as their wish to overcome gender-related constraints to self-determination in Malawi constitutes a leading motivation to leave.

In summary, it can be concluded from the analysis that the young graduates' migration intentions concentrate on the generation of elite biographic perspectives in Malawi, the participation in a global community and self-empowerment. While their family contexts are influencing the character of the envisaged migration projects, those arise in the first place from individual considerations, based upon status norms in their social space of reference.

Application on potentials for retention, migration and return

In order to apply the study findings to the (development) political context, their consequences for the retention, migration and return of highly qualified Malawian nurses need to be focused. Although the assessed future stories reflect only the students' current aspirations and plans, they make reference to migration as a *life theme* (Keddi 2008), entangling values and biographic horizons that establish an enduring orientation for the life plan (see B 2.1). On the basis of the study findings, this chapter will discuss firstly potentials for the retention of highly qualified young nurses within the Malawian health system, secondly their migration potential and thirdly factors eventually impacting their potential return upon migration.

As mentioned in the presentation of this study, a general concern of Malawian nursing leaders about the professional motivations of this upcoming generation was its lacking motivation for the nursing profession and a strong trend to seek alternative employment and career opportunities upon graduation (Grigulis 2010). Looking at most students' recruitment into nursing, it would have been reasonable to assume that the lack of personal decision-making for the career might imply barriers to professional motivation and retention. However, to the contrary, a strong, religiously

underpinned attachment of women to nursing and of men to the health sector has been observed, going along with clear professional perspectives to pursue their careers in these fields. Alternative occupations were only of concern as side-activities.²¹¹ With respect to the public health system several students valued continued education opportunities and the possibility to gain first working experience after studies.

Working in the public health sector (in particular in district hospitals) was frequently highlighted as favourite workplace.²¹² Regarding the first workplace a general commitment to serve in the public service was clearly visible. The analysis of students' future prospects suggests that it is not so much the challenging work at the bedside that is feared but the status vulnerability implied by the unfortunate professional career conditions of a bedside nurse.²¹³ In the students' overall biographic perspective the importance to generate social status, including economic and life style development, emerged as one of the fundamental motivations to seek professional career and migration. Such status-related concerns did not always make graduates seek to move from the bedside forever. On the contrary, nursing care was also approached as part of the status-generating projects after migration, when care would come in as a momentum of charity and social solidarity, whereas socioeconomic and academic status would already have been secured via savings, investments and a Master degree.

As the analysis has furthermore shown, the students' professional identity as nursing graduates is of high importance to their self and social identities as well as status goals: Professional career prospects are connected with visions about membership to the Malawian academic elite as well as with the expectation to gain social status for exceptional contributions to the improvement of the health care for Malawians. The students' strong identification with their already obtained professional expertise and title was found to tie their professional life plans to the health sector, in many cases to different nursing specialities. As far as the overall Malawian health and nursing services are taken as points of reference, these motivations and conditions inherit potentials of retention within, respectively return into the Malawian health system. Nonetheless, in the face of the strong career orientation of the nurses lives so far, the potential for a long-term retention in middle cadres of the Malawian hospital setting has to be regarded as minor.

²¹¹As has been shown by Muula and Maseko (2006) this is far from new but reflects the less problematic common strategies of Malawian health workers to earn their living. Migration as a strategy to build savings and investments to be able to “*nurse from the heart*” (WS4: P25F, 15) may in this context also be understood as a way to forego the practices of stealing and taking extra-allowances from patients.

²¹²Only one participant mentioned an NGO as general preference. The students' employment preferences for these first years reflect the tendencies among public sector registered nurses in general (Mangham 2007); they seek work in the public service, mostly on the district level, and consider opportunities for further education, responsibilities and working ambience in their workplace preferences.

²¹³Several female students highlighted a high affinity to do bedside nursing if they would be able to secure socioeconomic and academic status previously, on behalf of a successful migration project. This points to the relevance of status and economic living conditions.

The supposition of Grigulis that the trend to migrate has been replaced by a new era of internal occupational concurrence between Malawi's public health sector and the increasing number of local NGOs did not emerge with clarity in the students' future plans. While some nurses did perceive the work in an NGO as a second option in case their migration prospects might fail, migration-to-study was generally evaluated as the priority option. This prioritization has been analysed with regard to the symbolic value of migration, the students' perceptions about master education in Malawi and their global academic peer references. At the current point of the life course they tend to place lower value on immediate financial securities than on academic opportunities and *global* experiences, connected with long-term economic benefits and professional status. In view of this, NGOs and IOs with their lack of promotional and training opportunities hardly appear as a feasible alternative, neither to migration nor to the public sector during the first years of service.

The attractiveness of alternative health providers in Malawi became instead visible upon the envisaged return, connected with wishes to work in the areas of illness prevention, awareness raising and community work that are largely limited to health related NGOs and IOs in Malawi.²¹⁴ The possibility that nursing graduates seek jobs with NGOs to pursue their thematic interests is accordingly given. Reciprocally, their thematic foci on these areas might implicitly reflect a career-orientation towards job prospects in the better paying NGO environment.

Assessing the migration potential of young nursing graduates from a biographical point of view, a high individual migration potential has to be called into attention: Migration presents as a core step to realize fundamental life themes, entangling goals of individual progress, familial well-being and social development, and to make empowerment as well as elite global and local membership possible. The collective and the individual migration discourse draw upon idealized imaginations about conditions of life and nursing practice abroad, as well as about high professional and social positions upon return. Though pressure to migrate from family members or partners might add to their migration potential, it did not reveal as an issue of students' concern so far. Contrariwise parents' requests to stay in Malawi were already recognized as a potential barrier to migration. On this basis it seems indicated to expect young nurses leaving as soon as opportunities arise and agreement with family members is reached.

Yet, in view of the UK's current immigration regulations for overseas nurses, students who destine the UK may be obliged to rethink their plans. Considering the important role of migration in many life plans it is doubtable that they will immediately accept to stay and look for alternative ways to

²¹⁴Progressing in Nursing was seldom translating into a vision about being a matron, but rather towards a specialization in (mostly) paediatric nursing and reproductive health or in public health with envisaged occupational areas in preventive health at community level, research and teaching, health policy making, health management or awareness and advocacy work.

pursue their professional goals in Malawi. Rather, it may be expected that many will at least attempt to realize migration-to-study projects in other countries and eventually adjust to less favourable conditions of migration. This, in turn, might provoke new patterns of Malawian nurse migration and affect the opportunities to realize successful short-term migration projects.²¹⁵

The possibilities to determine based on this study the return potential of those who will find chances to migrate are very limited. Their return decisions will depend on unpredictable migration experiences and conditions and their current return plans bear little realistic orientations as they rely on vague images and hardly practicable projects of migration. Furthermore, aspirations and discourses of return tend to persist even among long-term migrant nurses who postpone their return projects continuously due to various social, professional and economic constraints (VSO 2010; Herold 2008). However, potential constraints and resources for later return can be stressed.

Firstly, enthusiastic expectations of social status transition via migration can jeopardize nurses return decisions (VSO 2010; Grigulis 2010). As migration studies have documented, return intentions of highly-skilled migrants in general often fail due to own, the family's and society's unrealistic expectations towards returnees' success and wellbeing (Haour-Knipe and Davies 2008, Grigulis 2010)²¹⁶:

“You know a colleague went to the UK, and you know in the UK there is money, you wouldn’t expect her to come back empty handed. You would want her to come back, for her to be better than you. They have to be different from the way they left otherwise we people who stayed in Malawi would laugh at them, why did you go to UK? What have you benefited? You left your family, how different are you?” (Female nurse quoted in Grigulis 2010, 187)

In particular highly skilled migrants often decide to extend their stay abroad after their studies, when evaluating opportunities in the host-country against those in their country of origin (Baruch, Budhwar and Khatri 2007; Mundt 2011). At the point when young overseas nurses will have to evaluate their concrete chances after studies against the expected ones, enthusiastic ideas about life after return are likely to hinder the homecoming of those whose migration projects were less successful and whose their career opportunities back home do not permit to sustain exceptional social status.

Furthermore, as suggested by Larsen et al. (2005), nurses migrating at a young age are more inclined to consider a move with the family and stay for longer periods. This trend could apply to

²¹⁵ The comparison of NMCM registrations and census data (NSO 2008) suggests that unregistered migration might be happening and that the patterns of nurse migration might be shifting towards less formalized channels, raising concerns about migrants security and lower career-perspective, i.e. the risk of brain waste in the course of migration. If service in low-ranking care jobs may become the only available chance to realize the migration-to-study project, qualified nurses may be further inclined to accept de-skilling working conditions.

²¹⁶ Euphemistic collective expectations of social status transition via migration may discourage from return as has been described for nurses in the UK, facing familial and social expectations regarding professional progress and income generation abroad, which they were not able to satisfy (VSO 2010; Grigulis 2010).

nursing students sharing a common migration project with their partners and who are likely to carry responsibility for children abroad at the point of finishing their studies, i.e. when a return is considered.²¹⁷

Secondly, one recurrent argument for return concerns ideas of national solidarity and social contributions back home, connected with aspirations of social status. Additionally, the young nurses' discourse on return and development contains a fundamentally optimistic attitude towards a future life in Malawi: To the returning nurse Malawi is not expected to be *local* anymore. On the one hand it has been argued in the literature that strong social bonds back home and optimism to generate improved personal, economic and social status in the home country may translate into a major factor of return migration, if the latter come to be realistic (Chappell and Glennie 2010; Haour-Knipe and Davies 2008). On the other hand, migrants' strong social relatedness to the society of origin while abroad may still lead to the acceptance of professional and status degradation in the destination country over a longer timespan, bearing risks for successful return (Parnreiter 2000 on the theory of dual labour markets of M. J. Piore). The argument of national solidarity is moreover far from new in Malawi: It may be traced back to the promotion of patriotism under the Banda regime and has since never kept health workers from staying abroad (Lwanda 2007).

This said the students' positive visions of future life and professional career in Malawi could be regarded as an important resource that, if maintained and furthered throughout the migration project, might encourage a return. Though the young nurses' wishful-thinking about migration may hardly be fulfilled, the attractiveness of return may be preserved where the fundamental professional needs connected with migration are covered, i.e. short-term stays, generating specialist academic knowledge and small savings and chances of a labour market entry at an advanced level upon return.²¹⁸

Their optimistic attitude towards return distinguishes the young nurses from many health workers in other African countries (see Awases et al. 2004)²¹⁹, which may be explained partly with regard to Malawi's high political stability and job-security for nurses throughout the past decade. The country's increasing political and socioeconomic fragility since 2011 might come to weaken this pro-return argument.²²⁰

²¹⁷This situation has been found for overseas students after finishing their Master studies abroad (Baruch, Budhwar and Khatri 2007). That migration often develops to be a project of the whole family has furthermore been suggested by findings for overseas nurses in the UK, where a majority had taken their children with them, despite differences according to nurses' origin (Buchan et al. 2006).

²¹⁸As has been argued regarding return migration of highly skilled professionals, the ability to achieve specific labour market, educational or financial goals is highly relevant for return in the case of short-term migration projects (Chappell and Glennie 2010).

²¹⁹According to findings of a cross-country WHO study, the feeling to have "no future" in the home country presents an important reason to leave in these countries (Awases et al. 2004). This correlates for Zimbabwean university students with a trend to seek long-term migration (Tevera 2005).

²²⁰According to Grigulis (2010) and a personal conversation with an older overseas nurse's sister, political factors had already been

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“Nurse migration is pushed, pulled and shaped by a constellation of social forces and determined by a series of choices made by a multitude of stakeholders. International mobility is a reality in a globalized world, one that will not be regulated out of existence.” (Kingma 2007, 1294)

Whereas nurse migration in a globalized world is acknowledged to be complex and not to be halted, the alarming human resource loss in some developing countries due to migration has encouraged fierce ethical and political debates. The recruitment practices of European, North American and Arab nations are criticised and a reconciliation of interests and costs between donor- and recipient countries as well as migrating health workers is demanded (Lorenzo 2007; Muula 2005; Mills et al. 2008; Robinson 2008; Mundt 2011).

The idea of this study has been to inform the development political debate on nurse migration from a biographical perspective. By nature the findings do not translate into concrete policy measures but serve as a background to rethink and develop approaches towards migration of highly qualified young nurses. Furthermore, the small scope of this study and the limited insight into the overall health and migration political context of Malawi constrain the formulation of practicable policy suggestions for Malawian politicians and their international development partners in Malawi. Thus, these actors are invited to evaluate the fields of action identified in the following regarding their political viability under the actual political and economical conditions of Malawi.

1. The national and international policy discourse on nurse migration

The following chapter discusses the findings with regard to the international and the Malawian policy agenda on nurse migration²²¹ and identifies fields of political intervention. In order to place the findings within the political discussion, the Malawian situation will be reviewed against the Global Code of Practice (GCP) on international migration of health workers (WHO 2010) which outlines the general spectrum of political suggestions deriving from the international policy debate as well as a literature review by Bach (2003) and by Haour-Knipe and Davies (2008) who focus the aspect of return migration.

Beyond the general acknowledgement that further data gathering and standardization as well as information exchange between source and recipient countries will be crucial to improve national political responses to health workers' migration, three main policy approaches can be outlined: Firstly, the enhancement of bilateral or multilateral migration management, secondly, the reduction

an important aspect of long-term nurse migration from Malawi during the Banda regime.

²²¹Most political instruments do not address nurse migration specifically, but consider the migration of health workers, including nurses, in general.

of push and pull factors in source respectively recipient countries and thirdly, the maximization of developing countries' gains from their health workers' migration.

The first policy approach encourages the regulation of health workers migration on behalf of bilateral or multilateral agreements between source and destination countries. Those agreements are meant to improve the migration management so as to increase its benefits for the source and the destination country as well as the individual migrant on the one hand, to strengthen the international partnership for the improvement of the health workforce in developing source countries on the other hand.²²² Ethical recruitment guidelines also fall into this realm, restricting active recruitment from countries with fragile health systems and shortages of health workers, stipulating transparent and fair recruitment conditions and laying down rights and obligations for admitted overseas health workers.

With effect to Malawian nurse migration the UK and South Africa, two main destination countries, have both implemented regulative guidelines for the recruitment and the workforce integration of overseas health workers from developing source countries. By contrast, the USA as an equally important destination country of Malawian nurses (Clemens and Petterson 2008), are still recruiting actively (Ngoma in VSO 2010) and have not adopted any political regulations yet.

The successes of the UK codes have been questioned, as far as the actual impact of ethical recruitment guidelines on the reduction of active recruitment and the decline of the officially registered migration is concerned (Buchan and McPake 2007; Bach 2003).²²³ The UK guidelines stipulate equal entitlements for migrant and domestic nurses to access further training and professional career (Buchan and McPake 2007). Nonetheless, African nurses' experiences of de-qualification in the UK (Hardhill and MacDonald 2000; Henry 2007; Larsen 2007; O'Brian 2007) point to their de facto disadvantaged conditions for *brain gain*. The Overseas Nursing Programme introduced in 2006 may even worsen the situation as it delays access to study programmes and the qualified labour market, causing prolonged stays, employment in low skilled care jobs and frustration of professional development prospects (Grigulis 2010).

The South African policy integrates the promotion of short-term study-and-work stays for SADC citizens within the frame of agreements with a ban of active recruitment, long-term working contracts and the hiring of SADC health workers not applying within the frame of government-to-government agreements. (See also A 3.)

²²²With regard the reconciliation of interests researchers from the Philippines and different Sub-Saharan countries have discussed financial compensation from receiving countries as a further measure to balance lost training investments (Lorenzo 2007; Muula 2005; Mills et al. 2008; Robinson 2008). This approach has however not been practiced yet nor is it included in the GCP agenda.

²²³Active recruitment from Malawi does not seem to be an issue of major concern currently and the students did not reveal any knowledge about locally active agencies.

Malawi so far lacks experiences with bilateral agreements on migration and return and with bilateral partnerships for professional development by means of migration (e.g. via short-term student visas and working permits or internship between health professionals from the partner countries). There are no migration-to-study-and-return schemes on national level, whereas CoM and KCN were able to establish small cooperation projects with South African respectively British universities in recent years.²²⁴

The second policy approach addresses the sustainability of global human resource for health provision and the health service related push and pull factors of health workers migration from developing countries. Under this focus developing and developed countries are encouraged to find ways to reduce the scale of health workers' migration and to train and retain more domestic health workers in service. In low income developing countries international development cooperation is requested to assist source countries with their human resources for health training, retention, management and planning. Conjoint initiative and investment should improve the working and payment conditions of health workers and the quality of health care, therewith also containing the disease burden and the number of required health workers. Educational and financial incentives, regulatory measures as well as social and professional support are proposed by the GCP to address the global and local misdistribution of health workers. (WHO 2010)

Many of these recommendations have already been tackled within the agenda of the Emergency Human Resource Programme, a joint effort of the Malawian government and its international development partners: The Programme was able to increase training capacities for degree and diploma cadres, has introduced locum incentives, salary top-ups as well as bonding schemes and improved human resource planning capacities (see A. 3). It has proven successful to relieve the immediate shortage and sustaining its measures is likely to improve the future availability of health workers in the Malawian public health system.

For the Malawian context professional development and continued education of nurses have been identified as a particular important issue of retention (MSH 2009; Tambulasi and Chasukwa 2011). However, while a nursing cadre hierarchy and career paths are officially in place, the reality of promotion has been outlined as an area of frustration for highly qualified nurses, due to delays, arbitrariness and restrictions to enter upper health management functions (Muula and Maseko 2006; RoM et al. 2007; see C 2.1).

²²⁴ Tambulasi and Chasukwa (2010) describe an agreement between the College of Medicine (COM) in Malawi and South African Universities, offering a five-year specialist training where students study three years in Malawi, two years in South Africa. As a measure to ensure the students' return to Malawi, Malawian graduates are per agreement not allowed to work in South Africa upon completion of their studies but facilitated in their return to Malawi. KCN has established cooperation for a MSc Child Health.

While the EHRP did not specifically address the demand for master programmes, the study has pointed to a need to consider the advanced academic level within future policies. Training more young ambitious students in the Bachelor of Nursing programme without being able to open academic and occupational career perspectives to them upon graduation is otherwise likely to result in low retention rates and little gains from the higher training efforts and costs.²²⁵ The SWAp-Midterm Review (RoM et al. 2007) and the globalization strategy of UNIMA (2010) have set the goal to establish more postgraduate programmes in Malawi but face structural challenges, such as the understaffing of lecturers and high costs per student due to the boarding system, in implementing them.²²⁶ The MoH instead seems to have avoided opening opportunities of post-graduate training, even where training fellowships were offered by international organisations (Muula and Maseko 2006).

The third policy area emerging in the international debate on health workers' migration mirrors the political assumptions of the new *migration-development mantra* (Faist and Reisenauer 2009; see p.8) as it addresses in particular the potential of diaspora health workers to alleviate development constraints in their countries of origin. The GCP encourages recipient countries to create appropriate opportunities for further qualification of overseas health workers, to facilitate voluntary return and transnational activity between source and recipient countries.

The positive perspective on the linkages of migration and development is less present in the literature on African health workers' mobility than in the overall discourse on migration and development and the GCP remains relatively vague in this area: It requests equal opportunities for overseas health workers to access professional development and further education abroad and demands recipient and source countries to facilitate transnational activity, circular and return migration. Several studies have however more clearly claimed a paradigm shift away from the *brain drain* perspective and towards a more balanced assessment of welfare losses and gains, dangers and potentials for development arising from African health workers' migration (Padarath et al. 2004). They suggest recipient countries to adapt visa frameworks and release barriers to the transfer of savings and social security benefits, making temporary or permanent return more viable. Source countries are encouraged to strengthen the ties to their health workers overseas, empowering their diaspora communities to engage with their home countries' health institutions and setting up

²²⁵ The practice of channelling applicants of UNIMA into the nursing career has been stopped in recent years as KCN saw the shortfalls and had sufficient first-choice applications (Grigulis 2010). In order to improve retention rates it might furthermore be indicated to bring more experienced nurses than young academic best-performers into the career, redistributing training capacities from the BSc Nursing and Midwifery towards the post-basic bachelor programme in nursing.

²²⁶ These serious constraints explain the short falls in the implementation of Master programmes at the College of Medicine and at Mzuzu University (RoM et al. 2007). On the contrary KCN has managed to establish two new master programmes.

incentives and support schemes for temporary or permanent physical return (see Haour-Knipe and Davies 2008).

Though diaspora activity and returning nurses are contributing to the Malawian health system²²⁷ the current scale of diaspora activity of Malawian health workers overseas and their potential engagement for Malawi remain unexplored, the return rates of nurses undocumented. Studies by international development organisations have pointed out that facilitating e.g. temporary return could motivate more nurses to engage in Malawi and that the strengthening of diaspora-links should become integral to the national policies addressing medical *brain drain* (Tambulasi and Chasukwa 2011; VSO 2010), which is not the case so far. To the contrary, analyses of and reports on Malawi's national policy discourse on migration of health professionals document the assumption of political powerlessness and an understanding of migration as *brain drain*, whereas the possibility to address the potentials inherent to migration is not tangible (Muula 2006-2²²⁸; MoL 2010).

Beyond the migration of health workers, a general political passiveness towards the general issue of *brain drain* can be observed. Though census data on non-return migrants point to a tenfold increase in non-return emigration between 1998 and 2008, in particular in the context of further studies (NSO 2011), the Malawian Ministry of Labour tends to hesitate as well to consider the political responsibility to manage its highly skilled labour migration (SoL 2010).²²⁹ As far as the migration of nurses is regarded in particular, the changes in the UK migration regime and the subsequent decrease in official registrations to work abroad tend to be interpreted as an indication of a declining political importance of the international care drain. In turn, the political attention is shifting from international nurse migration towards dynamics of internal migration into the private health and the NGO sector (MoH 2010; Grigulis 2010).²³⁰

²²⁷ E.g. the Scotland-based diaspora initiative MIND, Malawi Initiative for National Development, and the diaspora associated to the Adventist church of the USA, which both facilitate temporary working-stays in Malawi (Grigulis 2010; MIND 2011; Mkwinda-Nyasulu and Chilemba 2010). Lwanda (2007) suggests a strong potential for diaspora engagement of Malawian physicians overseas if viable schemes of engagement will be available.

²²⁸ Muula's analysis of sessions of the national parliament regarding the shortage of health workers highlights a general political awareness of migration being an important factor in the shortage of health workers, a consciousness that simply producing more health workers might not be enough but also the attitude that politics lack the capacity to address the problem.

²²⁹ Migration has received attention in the 2008 census with questions regarding non-return emigrants' sex, age, destination, year of departure, type of activity abroad and if any remittances were being sent (NSO 2010). Non-return numbers are naturally higher throughout recent years and while this increase is backed up by a steady population increase, such a sharp rise however suggest an increasing importance of migration-to-study among the young qualified bearing as mandate for political action.

²³⁰ Whereas some stakeholders tend to assume that nurse migration may not be an issue of major concern anymore (SoL 2010; Betty Mkwinda-Nyasulu and Chilemba 2007; personal conversation at NMCM), others point to the persistent potential (see Ngoma in VSO 2010).

2. Policy suggestions

The idea of this chapter is to inspire the debate on (development) political responses to the migration of nurses and health workers, highlighting, based on the study findings, core political fields of action. Five areas will be highlighted: The improvement of opportunities for postgraduate academic training as well as of professional development, the strengthening of gender and professional empowerment in Malawi and in the course of migration, support for informed migration decision-making and the development of instruments to improve the measurement and political migration management.

2.1 Postgraduate academic training

The imbalance between the number of Bachelor graduates and the available postgraduate study places in Malawi should be addressed: While the actual impact of a master degree on nurses' career opportunities on the local labour market would need to be further clarified, the expected waiting time to access master programmes in Malawi gives well reason for migration, in particular considering the biographic relevance of further education to obtain the elite social status and personal progress guiding many students' scripts of future life. Improved access to postgraduate training in Malawi is likely to open attractive biographic perspectives to academically oriented students whose migratory motivations are largely focused on further studies.²³¹

At the same time, it might be important to assess to which extend the restrictive regulations of nurse migration e.g. in the UK are in the interest of Malawi: As the country currently depends in many medical specialities on the opportunity to train its health personal abroad, narrowed migration-to-study opportunities can generate negative impacts on the local availability of adequately trained health professionals in the future. This would raise a need to secure access to international training via bilateral agreements or student programmes and to establish alliances to foster postgraduate training in Malawi.

In order to increase the number and attractiveness of locally available master study places it might be inevitable and beneficial to reform the current system of full-time studies and boarding as distant learning programmes and part-time masters combining work in the public sector with postgraduate education, seem to be more apt to cover the demands. Modular or combined programmes would open possibilities to increase intakes in a cost-effective way (see World Bank 2004) while improving vacancy levels and encouraging locally relevant academic research at the same time. Taking students' perspective, they could permit to cope with the financial burdens of further training

²³¹ While several students seeking short-term stays abroad described migration as “just an opportunity”, not a fundamental building stone of their life planning, they shared with their colleagues the doubts on finding the essentially aspired academic opportunities in Malawi.

more easily. Part-time master programmes or international professional internships could also be offered in the frame of a young professional programme at the ministerial level (see next chapter).

Programmes combining phases of working experience in Malawi with professional training and studies abroad and a final research project to be conducted in Malawi might help to benefit from training opportunities abroad while maintaining bonds back home and fostering locally relevant academic research.²³² Universities in donor countries and health professionals in the diaspora can assist to support new training formats: As an e-learning project between PHD health-students at the University of Lubumbashi and the University Brussels has revealed, diaspora members may contribute valuably to the realization of innovative international partnerships for professional and academic development (IOM 2007). Furthermore, the regional experiment of the Loma Linda University, offering an international master programme in Public Health to African health graduates, bears an interesting concept to promote the academic qualifications of a Malawian and African nursing elite (Muula 2006-3).²³³

2.2 Professional development

Former studies have suggested that professional development may be gaining weight within the professional motivation of future generations of Malawian nurses (see also Grigulis, Prost and Osrin 2009). This study strengthens the suggestion indirectly as it points to the particular importance of academic habitus and individual career prospects in young nurses' biographic future plans. In concrete professional terms, the study has revealed that their reservations about long-term occupation in Malawi's public health sector go back to different challenges to their professional development. Those challenges include a lack of entitlements to participate in managerial and care-related decision-making, of encouraging supervision and appreciation by superiors and of access to further training. Furthermore, many students expected that their degree of qualification would not be valued appropriately and that their wish to be awarded responsible functions might be frustrated. Last but not least, the subordination of nurses to similarly trained clinician cadres emerges as a concern in this area.²³⁴

Given these negative prospects of recent nursing graduates, the reform process of the human resources for health management as well as the career development regulations of the NMCM

²³²The experiences of the International Leadership Training of former InWEnt and the Centre for Development Research in Bonn hold well-grounded conceptual and practical experiences in these areas. As a tracer study on researchers from developing countries who studied in Germany has revealed, the rate of returning students tends to be high if professional links are maintained and field stays conducted in the home country (Schraven, Eguavoen and Manske 2011).

²³³In particular interesting seems its part-time structure, stretching studies over 4 years, but allowing students to continue working in their home countries, even in remote areas, while furthering their education (ibid.). Additionally, its concept of regional cooperation bears an alternative to the (post)colonial taste of studies in the *West* while furthering regional medical knowledge and research approaches.

²³⁴Despite of this, most students accepted the necessity to collect working experience at the bedside within the two obligatory years of duty following their studies.

should consider emphasizing the particular career concerns of young, academically trained nurses.²³⁵ The study findings underline the previous suggestions of Tambulasi and Chasukwa (2011) that clear and attractive occupational career paths in nursing will probably be strongly appreciated by highly trained cadres.²³⁶ The career paths should integrate performance-oriented opportunities for a fast career development, early participation in management decisions and a fair competition between nurses and clinicians in the middle and higher health management. Also small measures might help to address the disadvantages of young professionals in the hospital environment: E.g. reserving a seat for a representative of young professionals in the hospital management board, strengthening the learning against the control aspect of supervision and consider young professionals in the selection for in-service trainings. Securing access to professional development and further education and valuing academic training within the hospital system is likely to improve the retention of highly qualified nurses in a more effective way than bonding schemes, which have not been reinforced with legal consequence, also beyond the first years of service.

On the other hand, as high vacancy rates in the health sector are present on all levels of the occupational hierarchy, the health managerial and political career motivations of highly-qualified nurses bears a valuable potential to fill higher posts. The MoH could evoke the introduction of a young professionals programme to improve the public sector's reputation in terms of straight career opportunities, strengthen the early recruitment and retention of qualified and motivated junior staff to the Ministry and build trainees' capacities to perform in responsible functions.

Development agents may contribute to such efforts financially and with consultancy. Donor countries that are important recipient countries of Malawian nurses at the same time could furthermore address professional development prospects in the course of migration and facilitate qualified return. With a view to analyses on the dynamics of highly-skilled professionals' return to their countries of origin, adequate conditions for short, academically successful migration projects and fast re-entry into responsible positions of the Malawian labour market might be crucial to enhance long-term return perspectives for highly qualified nurses (Haour-Knipe and Davies 2008; Chappell and Glennie 2010).

²³⁵Several students pointed strongly to a frustration about the political representation of their professional development interests by the NMCM and the MoH.

²³⁶ While the concern about professional development is outstanding in the students' professional life projects, it is not limited to them. On the contrary, the implementation of clear job-positions and career paths as well as professional development schemes in order to improve retention has also been suggested from research on other cadres (Manafa et al. 2009; Muula and Maseko 2006).

2.3 Empowerment

The analyses has highlighted that different aspirations of empowerment are woven into the students' future and migration projects. They mirror general social structures and conflicts relating to gender inequalities, professional hierarchies and individual decision-making entitlements. Thus, the following reflections can only discuss a small segment of these broad fields, focusing political approaches to enhance gender empowerment in the professional context on the one hand, and to strengthen potentials of empowerment through migration on the other hand.

Concerning gender empowerment in Malawi it has become tangible that female nursing graduates count with an exceptional position: They represent the vast majority of the small number of academically educated Malawian women and their social background, professional commitment and self-consciousness are for the most part supportive of an engagement in responsible positions and leadership. In turn, under a gender perspective it appears to be a social imperative to bring these women into leading functions. Also outside the health sector they are likely to find opportunities, especially if gender quotas for high-ranking posts facilitate their career advancement. While female nursing graduates' biographic priority on professional career may be good news in terms of gender empowerment, it challenges the health management politics to open career paths and professional development opportunities for their cadre and to renegotiate the position of nursing as a feminized profession within the hierarchy of health professions. The conflict between the gender empowerment perspective and the demand for highly qualified nurses in the Malawian health system points moreover to a need to encourage the higher education of women in other academic fields. The original career choices of the female nursing students presented a broad spectrum of professional preferences but UNIMA's focus on MSCE grades in science subjects impedes girls' admission in many programmes.²³⁷

Male and female nurses share frustration about the subordinated position of nurses in the health system with decision-accomplishing rather than decision-making tasks, lower rank than similarly qualified male-dominated health worker cadres and moderate remuneration. Thus, reforms that improve the professional status of nursing in relation to clinical cadres would be to the benefit of both. More controversial are reforms which open promotional opportunities, attractive management posts and straight career paths, which may generate disadvantages for female nurses (see Tracey and Nicholl 2007)²³⁸, as in patriarchal systems male job candidates tend to be preferred over

²³⁷Grigulis has described (2010) how the criteria for admission into different UNIMA subjects are clustered along the MSCE performance in different subjects, with science grades being an effective hurdle for females to enter technical careers, though lower entrance conditions have been implemented for girls in science subjects (Gomile-Chidyaonga 2003).

²³⁸In Britain, the new 'Salmon' management system introduced into the National Health Service with the objective of "bringing in a more business-like ethos, with improved efficiency" is seen as one of such reforms, where "*management positions were 'made ripe for male capture'*" (p. 197 [Salmon report]). By emphasizing the need for promotion based on merit and proven administrative ability, Dingwall (1972) points out that men nurses, despite poor formal educational qualifications, were positioned to take advantage of leadership jobs." (Evans 2004, 326)

females for managerial and leadership positions (Evans 2004).²³⁹ In the generally female-dominated Malawian nursing service male nurses' run on leadership and decision-making positions has already been experienced, with male graduates foregoing bedside-nursing and entering immediately into management positions or NGO placements (Grigulis 2010; Tambulasi and Chasukwa 2011).²⁴⁰ However, even considering competition from male nurses, straight career paths still seem to meet the professional interests expressed by female nursing graduates, provided that they will get the chance of linear career progress.²⁴¹

Beyond the empowerment potential of a de-feminization of nursing in Malawi, the professional empowerment of Malawian nurses in (post)colonial academic relations appears as a field for international policy intervention. Nursing graduates' culture of migration-to-study as revealed in this study tends to reproduce colonial knowledge hierarchies, whereas local academic references in their professional identification remain low. Under these auspices it seems to be crucial to promote academic environments that empower Malawian nursing academics to de-colonize their discipline on the basis of critical, emancipative and context-related teaching, locally, regionally and globally, building fundaments for a local nursing scholarship.

As argued by Lwanda regarding Malawian overseas physicians, there is a political need to address the unexploited potential of diaspora members to further this mission (Lwanda 2002 and 2007). In coherence with the suggestions of Lwanda, international donors should e.g. consider to support qualified return of Malawian nursing academics overseas in order to strengthen local ownership of the nursing scholarship, instead of sending more expatriate health workers to Malawi. At the same time, nursing academics in the diaspora should be encouraged to contribute to an emancipative research and teaching in their discipline.

Under a broader perspective, migration and integration policies should address and strengthen the empowerment-through-migration potentials of migrants, protecting their rights in the personal and professional sphere and counteracting the viscous circle of gender, class, ethical and racist discrimination that, according to previous research, tends to affect female nurses emancipatory life

²³⁹Though the age structure of male nurses points to an equalizing gender-balance in nursing (Kadzandira and MoH 2007; see Annex 1: A6), Grigulis (2010) reveals that nursing officials' scepticism regarding male nurses' avoidance of the bed-side has let to a reduction of male intakes in higher cadres, especially on degree level. This is confirmed by the KCN intake rates: while in 2004 16 out of 19 intakes to the Bachelor of Nursing programme were male, in recent years their share has reduced to approximately one third (KCN 2010).

²⁴⁰Similarly, studies on career paths of male nurses in the UK reveal that, despite their relatively low share, they are outnumbering women in leadership and management positions by far, implying an intrusion of patriarchal hierarchies within the traditionally female-dominated profession (Evans 1997, 2004).

²⁴¹Female nurses' professional aspirations reflect closely the modern career patterns described by Tracey and Nicholl: "*Younger women now are more likely to plan their careers and career pathways and to structure their personal lives around these plans. They establish careers before marriage and/or having children. Younger women also choose work environments where gender-based prejudices are less pronounced, and as part of their career plan, they choose partners who will be more likely to assist rather than block their plans (Scase and Goffee 1990)*" (Tracey and Nicholl 2007, 678). Also in the students' near future those priorities will however have to be maintained disregarding obligations and priorities in other life projects, which traditionally lead to circular rather than straight career paths among women and disadvantage compared to male candidates with straight career.

projects as well as their professional progress (see Larsen 2007; Smith and Mackintosh 2007). Simultaneously, empowering experiences of supervision and recognition abroad might contribute to a positive professional identity and commitment among Malawian men in nursing, as was found in the case of a male nursing student who had made encouraging clinical experiences during an internship in Finland.²⁴²

2.4 Informed decision-making

With a view to the initially discussed factors and dynamics encouraging and inhibiting migration of health workers (Annex: Table1), it becomes obvious that a considerable range of factors is not anticipated in the students' early migration plans. An informed discussion about opportunities to study, visa and recruitment procedures, legal frameworks and practical challenges of working and studying abroad were largely absent.²⁴³ On the contrary, the impact of a body of transnationally nurtured images and narratives about studying, nursing and living in *Western* countries fuels the young nurses' illusionary and wishful-thinking about future migration.²⁴⁴ Considering de Jong's (2000) reasoning, that migrations intentions initiate a process of migration decision-making that develops according to the person's awareness of problems and benefits involved in migration, it seems indicated to address the students' largely naïve approaches to the topic and to improve the preconditions for informed migration decisions.

In order to assess whether and how a move abroad could further or challenge the personal biographic aspirations, more neutral and qualified information about actual conditions of migration, e.g. available opportunities, frequent risks, rights and regulations, would be required. To come to informed and reasonable migration decisions and set up realistic plans considering resources, time-frames and benchmarks as well as alternatives to migration the students would seriously profit from personal counselling. It should be considered, whether migration information and coaching for future graduates could be made available at KCN or how knowledge of and access to reliable sources of information can be promoted, e.g. via Internet.

Otherwise the lack of awareness might lead to a susceptibility to engagement in riskier forms of migration on the one hand, to failing migration projects and dwindling return perspectives on the other hand.

²⁴²See deviant story of a male nurse with positive identification with nursing, explained in C 2.1

²⁴³E.g. barriers to migration were widely unknown or disregarded, information about international recruitment as scarce as awareness of the difficulties involved in return. Several students destining the UK explained to seek arrangements on jobs before leaving, which may be regarded as a gauge of greenness, with a view to current regulations for overseas nurses.

²⁴⁴Possibly, it is this "myth of migration" that largely explains the gap between what could be regarded as "reasonable decision" in the current global context of mobility-restrictions (e.g. to seek employment with an NGO in Malawi in order to finance master studies in Blantyre) and the continued seeking of migration-to-study.

2.5 Recognition, measurement and management of migration

Malawi has been addressing push factors of migration in its health system with political commitment. By contrast, the political management of international nurse migration (as well as of other highly skilled professionals' migration) has received minor attention²⁴⁵ though the country has commonly been cited as one of the severest cases of medical *brain drain* (e.g. Bach 2003; Padarath et al. 2004; Clemens and Petterson 2008).

Taking into consideration the burden of political and economic challenges that the country is facing, it is plausible that the topic of nurse migration is not a priority on the political agenda. However, it bears risks to deny its importance for future Human Resource for Health Planning: This reaction ignores firstly that the recent decline in nurses' registrations to migrate goes back to a policy shift in the main destination country, which is subject to frequent changes and beyond control of Malawian politics. It ignores secondly the volatile dynamics of migration in a context of a high outmigration potential, given a global demand for nurses and widespread migrant networks (see Bach 2003; see A 2.)²⁴⁶: Though the UK has been the major destination of Malawian nurses, historically and throughout the last decade, it has not been the only one. Over the years, a strong health worker community has also established in the USA, where the census in the year 2000 counted as many Malawian nurses as in the UK (Clemens and Patterson 2008). Rather than abstaining from migration, the next generations of nurses might e.g. orient towards the USA, as has lately been a trend among nursing graduates in Uganda²⁴⁷, and as some Malawian nursing leaders expect as well:

"If they won't go to the UK, they will go to Australia. If they won't go to Australia, they will go to the US."
(Ngoma quoted in VSO 2010, 16)

Under these auspices, a more active and multifaceted political approach towards migration seems to be indicated. It is of political concern to explore current shifts in migration patterns and start tracking migration and return rates of nurses, as both impact the *brain drain* or *brain gain* prospects and thus the political viability of migration considerably.²⁴⁸ In the middle perspective the implementation of a continuous, standardized survey of migration data should be considered to measure migration and return in different nursing cadres throughout nurses' professional careers, and to assess how migration and further studies abroad affect nurses' career progress and

²⁴⁵The negligence also extends to a number of International Organisations who have been important actors in this field in other countries, e.g. IOM and ILO and WHO. Other technical agencies have so far only emphasized the aspect of retention, not of *brain circulation* and return (e.g. the SWAp-Initiative and the EHRP-Alliance).

²⁴⁶General experiences from labour migration studies point to the global interconnectedness of labour migration streams, facilitating middle-term redirections of migration streams towards countries with stronger pull-factors and easier entry and the establishment of new migration corridors via transnational communities (Crush, Williams and Peberdy 2005; Kingma 2007).

²⁴⁷A relatively recent study among nursing students in Uganda showed similar preconditions and contexts of migration and found that a redirection of migration intentions from the UK towards the USA was already present (Nguyen et al. 2008).

²⁴⁸Taking into consideration that the aim of research should be to give a balanced picture of the phenomenon of nurse migration, it is alarming that a strong international *brain drain* debate has been sustained over the last decade while no records or even estimations on return exist.

contribution to the local public health service. The establishment of a common computerized registration database at the NMCM may be regarded as a first advancement in this area.²⁴⁹

A further need for political intervention regards the lack of instruments in Malawi's (medical) *brain drain* politics to actively address the migration of nurses. Such instruments should consider on the one hand the individual's rights of movement as well as biographic and career interests, while promoting on the other hand the yields of migration for Malawi and its population, e.g. facilitating diaspora engagement and temporary or permanent return into the Malawian health workforce.

Related programmes and legal frameworks should be negotiated with regional and development partners as well as with main destination countries. E.g. Buchan (2008) points to a variety of different approaches to strengthen source countries' benefits from health workers migration are documented in the literature (see Annex I: Table 8).²⁵⁰ In the sense of a global partnership for migration and development, international cooperation agencies should examine together with local stakeholders how such different approaches could be implemented politically. Their contributions may compile financial support, research and consultancy to broaden the channels of temporary migration, return and transnational activity. At the same time, aid policies addressing the brain drain should become more sensitive to the historically and colonially grounded roots and determinants of the brain drain in Malawi (Lwanda 2007).

Destination countries like the UK and the USA could actively support Malawi's *brain gain* from nurses in the diaspora, loosening regulations, which lead to a loss of citizenship entitlements upon leaving the country or making arrangements to improve the transferability of social security benefits for the years of service abroad. A range of provisions, e.g. the supply of overseas nurses with health labour market information and employment support, saving schemes, entrepreneurial information etc., may also be made by the Malawian government to assist successful and sustainable return.

From the biographic perspective, the creation of short but successful stays abroad appears as a good general guidance for initiatives addressing the strong group of nursing graduates who approach migration as a rite of passage. At the same time, taking into consideration highly qualified migrants' inclination to stay (Baruch, Budhwar and Khatri 2007; Mundt 2011), opportunities for *brain*

²⁴⁹ So far, the registers of nurses seeking to work abroad have been kept separately from the registers of nurses entering the Malawian nursing workforce. As nurses who did not leave, despite registering to do so, and nurses who returned into the Malawian nursing workforce appear in the latter register only, a cross-register analyses would be required to track migration and return. However, since the records have been kept manually, a comparison of the registers would require an arduous review. Though an electronic nursing registry is officially in place since 2001 (JHPIEGO 2001), during the time of data collection the registers were still kept manually and the implementation of the electronic system was still in progress.

²⁵⁰ A positive example in this realm is the „Managed Migration“ Initiative of the Caribbean region. It has been successful in implementing a range of policies that have improved the win-win character of migration among countries in the region and leveraged severe shortages in several of them while respecting the health workers' rights to migrate (Salmon et al. 2007). Its success-story points in the first place to the potentials of thoughtful management rather than restriction of health workers' mobility; in the second place to the benefits of regional cooperation policies (see also Buchan and Dovlo 2004). Other encouraging experiences come from a bilateral agreement between South Africa and the UK. It has opened two-way opportunities for health workers of both countries, e.g. time-limited education and practice periods in the other country, while original posts were held open to facilitate return (WHO 2006).

circulation are to be considered as important measures to improve *brain gain* from those who will establish abroad (Lwanda 2002 and 2007), leading to the necessity to assess the needs of overseas nurses willing to become involved in health issues in Malawi as well as to facilitate different forms of diaspora engagement. Considering the young graduates' discourse about development and their social aspirations in Malawi, they are likely to feel attracted by opportunities to make social contributions to their home country.

CONCLUSION

This study has explored the biographic anchorage of migration intentions in different life projects as well as the overall future perspectives of young nursing graduates in Malawi. It strengthens the argument of Findlay et al. (2012) that migration intentions of students should be treated in the frame of their overall life plans as it has pointed out how migration intentions build into students' life concepts, future plans and aspirations, assigning a particular biographic functionality to migration.

The contribution of the study has been to embed the technical knowledge about push and pull factors of international migration explored by previous research in highlighting the biographic relevance of specific social, professional and individual motivations to migrate among graduated nurses: It has revealed how the individuals' biographic planning mobilizes a mental infrastructure of migration, building upon social associations between migration and privilege, reproducing traditions of academic migration in the nursing profession and appropriating social identities of a progressive, globalized social elite.

Profound interrelations between the central prospect of professional development abroad and the graduates self-identities, social preconditions, determinants and aspiration have become visible: The individuals' migration-to-study intentions appear to be situated at the interface of their family-, partnership- and self-related perspectives of future, in between religious guidance, gender concepts, academic habitus and (post)colonial images. Comparing the study findings to the typology of migrant nurses by Kingma (see p. 6f.) the study contributes an integral perspective on migration intentions, showing that different types merge and interact in the biographical migration projects of young nursing graduates.

In contrast to previous findings by Grigulis (2010), aspects of empowerment and individualization through migration showed with equal importance as aspects of social responsibility and reciprocal family contract. The migration intentions were reasoned within an individual life course perception that recognized personal entitlement to make life and life style choices, as well as to draw on

globally available resources to progress individually while protecting social bonds. The economic push and pull factors of migration have been contextualized, highlighting the linkages between economic wellbeing and the graduates' distinctive position in family and society, clashing with the economic conditions of nurses in Malawi.

The findings are consistent with Grigulis' (2010) push and pull model of nurse migration, as far as the importance of recognition, better allocation and promotion policies and further training opportunities are concerned. The observations of Grigulis, Prost and Osrin (2009) about a more career-oriented new generation of nurses have become more comprehensive. Beyond concrete challenges related to conditions of employment, postgraduate education and independent life styles in Malawi, the study has pointed particularly to the subtle influence of self-identities and social imaginations that devalue local and appreciate global conditions of professional and personal development. Associations between migration, progress and status on the individual and social level have been exposed as a symbolic capital of migration and a vital element of nurses' perpetuating *culture of migration* and transnationalism.

The studies' exploratory character, generating approaches and concepts that by nature require further validation and theorization, limits the significance of its findings. The findings have to be regarded as specific to the students' current life stage, family status, awareness of conditions of the local and the global labour market. An investigation into the shifts in biographic orientations towards migration throughout different life stages would contribute to a more specific understanding of short-term and long-term potentials of migration.

The findings have raised assumptions on the specificity of nursing graduates' migration intentions due to their academic environment, their individualistic orientation, professional ambition, elite status and global reference points. Further studies would be required to compare these findings to the biographical perceptions of students in other nursing cadres in order to evaluate whether the identified dynamics are specific to graduates and whether they are giving a representative picture of this group.

Furthermore, the scope of this study did not allow exploring the influence of family norms and roles on the young nurses' migration intentions into depth, e.g. the aspect of shifting influences between the core and the extended family as it has been biased towards individual biographic perceptions. While the study points to an individualization trend in migration intentions and presumed decisions, this finding needs to be further scrutinized by research focusing the (gendered) family dynamics of young nursing graduates' migration decision-making.

As the study has highlighted for the field of life style migration, the mental geographies of migration and privilege among the highly skilled are globalizing to a certain extent, creating within African countries like Malawi reflections of migratory phenomena attributed to the developed world. Further comparative studies on the North-North and South-North migration of students may be useful to deepen the understanding of common dynamics and differences in this respect.

The discussion of the findings regarding political consequences has pointed to the need to gain comprehensive statistical knowledge about *brain drain* and *brain gain* potentials from nurses' migration. To take an informed political position towards this migration some core technical questions for further research will be: Did nurses who are registered to go abroad really leave, improve their capacities abroad and build relevant professional knowledge to contribute to health service provision in Malawi? Which occupational functions do returning nurses take and do they apply qualifications gained abroad? Which kind of support would be required to facilitate informed decisions for migration, temporary or permanent return as well as to strengthen diaspora engagement?

Taking into consideration the entangling of a myth of migration and idealized idea of return and development, it seems to be indicated to discuss as well how far the current *brain gain* discourse inscribes into an idealised (post)colonial narrative of migration. Under these auspices an important area of policy research will be to explore how migrant Malawian nurses can be empowered professionally and personally to contribute to an emancipation of their discipline from its (post)colonial heritage.

This study has been challenging firstly due to it's a approach to take a broad view and open a perspective on the overall biographic perspectives of young nurses, secondly due to the explorative process of data generation and analysis and thirdly due to it's purpose to formulate concrete policy suggestions in a field dominated by technical research. I hope that the findings will still be useful and inspiring to further research in the field of nurse migration and that some of the policy considerations may find their way into the political debate on migration and development in Malawi or beyond.

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2. Data References

Abbreviation	Document cited	Participant Accronyms	Date of data collection	Duration
WS 1: P__	Workshop No. 1 Transcript of final discussion	P1-P7 (P1-P4 female, P5-P7 male)	10/28/2010	1:10 hours approx.
WS 2: P__	Workshop No. 2 Transcript of final discussion	P8-P15 (P8-P12 female, P13-P15 male)	10/30/2010	1:15 hours approx.
WS 3: P__	Workshop No. 3 Transcript of final discussion	P16-P24 (P16-P22 female; P23-P24 male)	11/04/2010	1:20 hours approx.
WS 4: P__	Workshop No. 4 Transcript of final discussion	P25-P32 (all female)	11/05/2010	1:00 hours approx.
WS 5: P__	Workshop No. 5 Transcript of final discussion	P33-P39 (P33-P38 female; P39 male)	11/06/2010	0:50 hours approx.

Abbreviation	Document cited	Date	Duration
Interview P2F	Trancript of Interview with Participant 2, female	11/24/2012	65 min approx.
Interview P5M	Trancript of Interview with Participant 5, male	11/30/2012	45 min approx.
Interview P10F	Trancript of Interview with Participant 10, female	11/26/2012	50 min approx.
Interview P14M	Trancript of Interview with Participant 14, male	11/25/2012	50 min approx.
Interview P15M	Trancript of Interview with Participant 15, male	11/26/2012	45 min approx.
Interview P25F	Trancript of Interview with Participant 25, female	11/26/2012	65 min approx.
Interview P31F	Trancript of Interview with Participant 31, female	11/26/2012	45 min approx.
Interview P32F	Trancript of Interview with Participant 32, female	11/25/2012	60 min approx.
Interview P36F	Trancript of Interview with Participant 36, female	11/30/2012	45 min approx.

Abbreviation	Document cited	Remarks
Quest.	Table of findings from the individual questionnaires (Workshops)	Clustered by questions and individual participants
Written statements	Students' poster documentation of small-group discussions and final discussions (Workshops)	Clustered by Workshop and questions/discussion topics partly amended throughout the final discussions
Field diary	Field diary	Personal conversations, notes and field observations documented in the field diary

ANNEX

Annex I:

- 1) Additional Tables
- 2) Additional Figures

Annex II: Reasearch Forms and Guidelines

- 1) Consent Form
- 2) Workshop Guidelines
- 3) Workshop Questionnaire
- 4) Interview Guidelines

Annex III: Summaries

- 1) English Summary
- 2) German Summary

Annex IV: Curriculum Vitae

Annex I: Tables and Figures

1) Additional Tables

Annex Table 1: Cluster of factors encouraging and inhibiting migration of health workers

ENCOURAGING MIGRATION	PUSH factors	<p>Exogenous to the health system:</p> <ul style="list-style-type: none"> - low, insecure quality of life, lack of educational opportunities for children - crime, war, civil conflict, repression <p>Endogenous to the health system:</p> <ul style="list-style-type: none"> - low remuneration, social security and pension benefits - health system governance/ occupational environment (bureaucracy, inefficiency) - lack of job satisfaction, work associated risks - lack of satisfactory further education and career development opportunities
	PULL factors	<p>Exogenous:</p> <ul style="list-style-type: none"> - quality of life and life style, education for children - freedom of speech <p>Endogenous:</p> <ul style="list-style-type: none"> - higher remuneration, social security and pension benefits - health system governance/occupational environment (promotion opportunities, efficiency) - more satisfying working conditions, safer working environment - educational and career development opportunities - international recruitment - quality and centralisation of advanced health institutions
	MOVE ON factors	<ul style="list-style-type: none"> - transnational communities and networks - entrance requirements of the envisaged final destination - encouraging/inhibiting dynamics between the 1st and the following recipient countries
INHIBITING MIGRATION	RETAIN factors	<ul style="list-style-type: none"> - levels of morale, success and social recognition - rewards and incentives - family kinship, social and cultural ties, patriotism
	REPEL factors	<ul style="list-style-type: none"> - immigration procedures - different clinical practices - language- and cultural barriers, xenophobia and discrimination
	STAY factors	<ul style="list-style-type: none"> - new social and cultural bonds - disrupt of new life style patterns, interruption of education of children - ignorance of job opportunities in the source country - citizenship requirements in destination countries - non-transferability of social security benefits
	BAR-RIERS	<ul style="list-style-type: none"> - immigration and visa restrictions - recruitment bans e.g. by Codes of Practice - financial costs of migration

The table is based upon the overview given by Padarath et al. (2004) and amended with findings from VSO (2010), Alonso-Garbayo and Maben (2009), van Eyck (2004) and Dovlo (2003).

Annex Table 2: Malawian women's say in specific decisions by background characteristics

Background characteristic	Own health care	Large purchases	Daily purchases	Visits to family or relatives	All specific decisions**	Non of the specific decisions
Age 20-24	(28) 55*	(18) 24	(31) 47	(56) 65	(13) 13	(27) 25
Never married	17	9	10	21	8	72
Married or living together	28	18	32	60	12	17
No education	(36) 48	(28) 27	(38) 45	(63) 58	(23) 17	(19) 27
(Secondary school or more) More than secondary	(32) 90	(26) 71	(34) 92	(49) 94	(20) 64	(36) 1
Middle income	(29) 52	(20) 28	(30) 49	(55) 66	(15) 17	(24) 19
Upper-middle income	(28) 58	(20) 30	(31) 55	(56) 67	(14) 21	(25) 17

* (2004) compared to 2010

**in 2004 "all decisions" compiled furthermore the decision which food to cook today.

MDHS 2010: Percentage of currently married women aged 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics.

MDHS 2004: Percentage of women aged 15-49 who say that they alone or jointly have the final say in specific decisions, by background characteristics.

(Source: Mahowe 2004, 46)

Annex Table 3: Students' reflections on migration (Workshops 1-5)

	Positive Impacts	Negative Impacts
To those who leave	<p>International exposure, experience new life abroad, good life, experience other peoples cultures, see beautiful place</p> <p>Enjoy working with sufficient resources other than improvisations, Workload is minimal outside</p> <p>High chances to advance in education, in their professional life school-wise, it improves one's C.V.</p> <p>We can gain new knowledge and skills which we can apply in Malawi</p> <p>Earn a lot more money than in Malawi, easy to develop yourself and your family after gaining money outside</p> <p>Find good life partners</p> <p>Come back changed, modernised, rich, look nice, attractive and very educated</p>	<p>Insecurity as racism, xenophobia, stigma and discrimination, problems in settling down in foreign land (>stress induced psychosis)</p> <p>Regarded as people who do not love their country, cannot enjoy caring for people of our own nation, acculturation- forgetting one's culture</p> <p>Poor interaction with families and friends, break-ups, loneliness</p> <p>Problems to find good accommodation if you don't have relatives, problems to get medical services, problem with communication in terms of language, challenges with technology</p> <p>They work with fear of being sued, when a little mistake happens and they can easily be sent back home</p> <p>Challenges to re-adapt to the Malawian working environment</p>
To those who stay behind	<p>Comfortable living in their home country</p> <p>Boost of economic status of the families and the community where migrants are coming from (money for school fees, good home, money to pay for better health services at private hospitals)</p>	<p>Suffer if those nurses who leave the country do not assist them financially</p>

To nurses in Malawi	<p>Practice the ideal things which they learn in their setting</p> <p>They are close to their relatives, enjoy staying with their families, comfortable living in their home country</p> <p>They have a chance of attending workshops because some people are not available</p>	<p>They wont get rich at all or maybe slowly</p> <p>Over-working, creates a lot of pressure to remaining nurses in terms of workload, this reduces the quality of care rendered for our clients.</p>
To Malawi in general	-	<p>Malawi's government loses a lot of funds in training health personnel's who leave without serving the country, waste of resources, the government will get poorer and poorer</p> <p>Will lead to under-development of the country and increased mortality rates</p> <p>"brain drain", it motivates the ones who stay after seeing the good things that others bring from abroad</p>

Annex Table 4: Students' collection of nurses' motivations to go abroad (clustered)

„Greener Pastures“	<p>Improved standard of living, comfortable life, money</p> <p>To make the family rich</p>
(Further) Education	<p>Find chances of upgrading the profession</p> <p>Easy to upgrade in school (a lot of schools and scholarships abroad)</p> <p>Motivated to gain new skills and knowledge abroad</p> <p>Nurses are empowered to decide what they want to achieve (goals) unlike here, where one has to make a lot of conditions for university</p>
Professional Development	<p>Advancing in the nursing profession</p> <p>Opportunities for professional development</p> <p>Practice <i>ideal nursing</i></p>
Working Conditions	<p>Good working environment (physical)</p> <p>Adequate working resources (no improvisations like in Malawi); availability of resources to provide comprehensive care</p> <p>Adequate human resources; less workload; good shifts</p> <p>Practice <i>ideal nursing</i></p> <p>Good payment, better salaries</p> <p>Safety, insurance and medical cover, risk allowances</p> <p>Good accommodation provided</p>
Social appreciation	<p>Nurses are more respected than here</p> <p>To get the sense of appreciation</p> <p>Just to acquire the status, popularity-label that they have been abroad at some point in their lives</p>
Family reasons	<p>Finding a life partner</p> <p>Following other beloved relatives/friends</p> <p>To meet up the responsibility of caring for those relatives</p>
Life style	<p>Good food, improved health care, good technology</p> <p>Socialize with others</p> <p>See good places</p>

Annex Table 5: Advisors arguments to join the nursing profession

Employment status	Educational status	Social status	Personal development	Family expectations
job-security fast employment relatively high payment	Good chances to upgrade in education	Public recognition of nurses Public attention to the white uniform Good financial situation	Development of the personal character of kindness	Qualify to care for relatives
	Migration prospects			

Annex Table 6: Decision-making of married women in Malawi, 2010

Percent distribution of currently married women by person who usually makes decisions about four kinds of issues, Malawi 2010

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Missing	Total	Number of women
Own health care	16.6	38.8	43.8	0.6	0.2	0.1	100.0	15,528
Major household purchases	9.3	20.6	68.9	0.6	0.3	0.2	100.0	15,528
Purchases of daily household needs	36.1	16.7	46.1	0.8	0.2	0.1	100.0	15,528
Visits to her family or relatives	25.2	41.3	32.4	0.7	0.3	0.1	100.0	15,528

(Source: NSO 2011, 228)

Annex Table 7: “What would you be ready to contribute to Malawi if working abroad?”

Answers of students to the question: What would you be ready to contribute to Malawi if working abroad?

If I were abroad I would like to contribute a certain amount to help the country improve working conditions for those remaining and to train more health workers in the country.

The country I am working should help my country improve working conditions

The tax of the health worker in another country should be going to the country where this individual is coming from. This should be exactly what would have been deducted in my country.

10% of my salary should be sent to my home country for improving health facilities.

If I were outside the country I would prefer to lobby for my country so that the working environments should be improved hence some nurses may choose to remain here if the working environment has improved.

Advocate for Malawi to organisation abroad to assist the ministry of health, to change the working areas and make them conducive for nurses to work in.

I can support the government in improving the hospital environment so that nurses stay back in their country. [>> financially?? / with advice??]

If I were abroad I would help my relatives who are in Malawi and in so doing contribute to Malawi's economy.

Advocate for the working conditions in Malawi and ask for the well wishers to assist the health sectors in Malawi

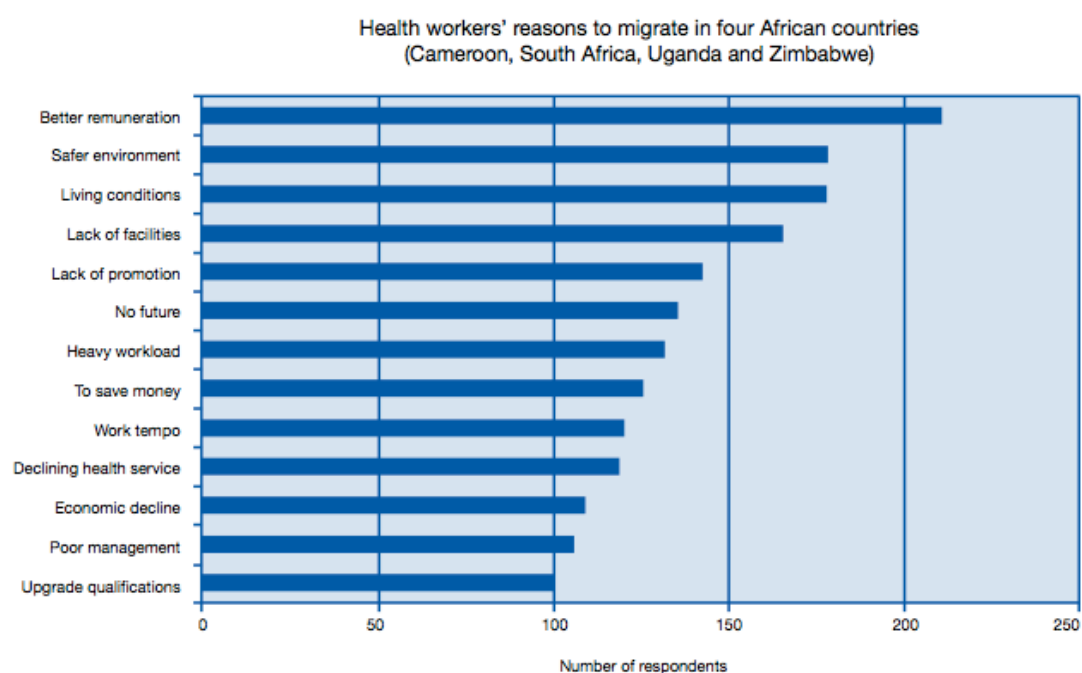
Annex Table 8: Examples of political policy interventions for directing health worker migration

Level	Characteristics
Twinning	Links developed by health care organizations in source and destination countries based on staff exchanges, staff support and flow of resources to source country
Staff exchange	Structured temporary move of staff to another organization, based on career and personal development opportunities or organizational development
Educational support	Educators and/or educational resources and/or funding in temporary move from destination to source organization
Government-to-government bilateral agreement	Agreement developed by destination country with source country to underwrite costs of training additional staff and/or to recruit staff for a fixed period, linked to training and development prior to staff returning to source country or to recruiting surplus staff in source country
Country-level fast tracking of health worker immigration	Preferential status or priority treatment given to health workers in terms of immigration requirements in order to speed up immigration process and facilitate active international recruitment
Country-level recruitment code	Introduction of a code by the destination country restricting employers in terms of which source countries can be targeted and/or length of stay of recruits; coverage, content and compliance issues all need to be clear and explicit

(Source: Buchan 2008: 20)

2) Additional Figures

Annex Figure 1: Health workers' reasons to migrate in four African countries



(WHO 2006 cited in IOM 2008, 15)

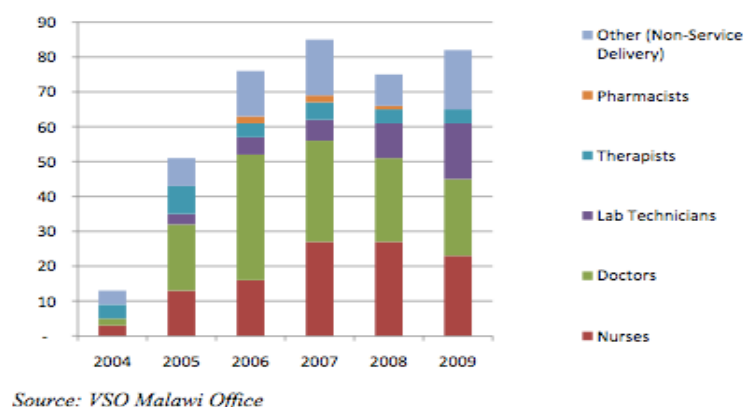
Annex Figure 2: Immigration and emigration of health workers to/from Malawi

a) Immigration of expatriate health workers via VSO

b) Registrations of nurses in readiness to work abroad 2004-2010

c) Comparison of estimations of emigration of Malawian nurses to the UK

a) VSO Deployment in Malawi 2004-2009



(DFID 2010, 43)

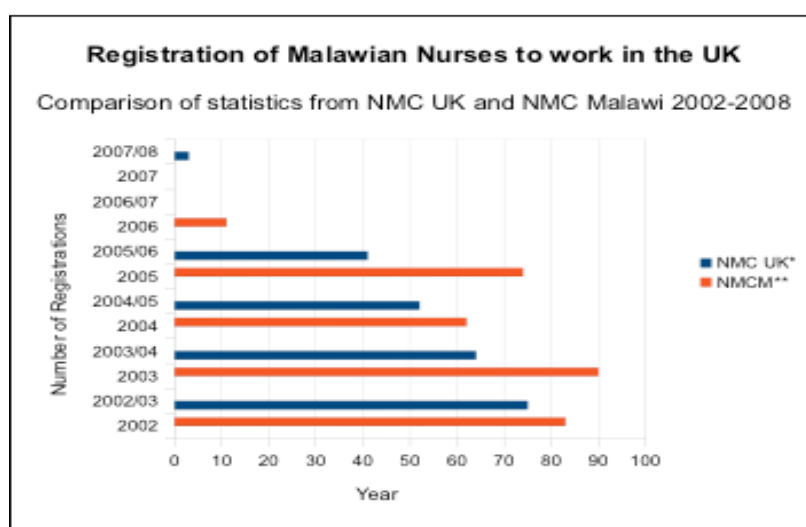
b)

Registrations of nurses in readiness to work abroad

(NMCM 2010; 2004/05 uncleaned/ 2006-2010 cleaned data)

	2004	2005	2006	2007	2008	2009	2010
Total	77	90	26	23	28	15	11
Female	75	85	23	19	26	15	10
Male	2	5	3	4	2	0	1

c) Comparison of professional registers in Malawi (NMCM) and the NMC-UK of Malawian nurses seeking to work in the UK 2004-2008

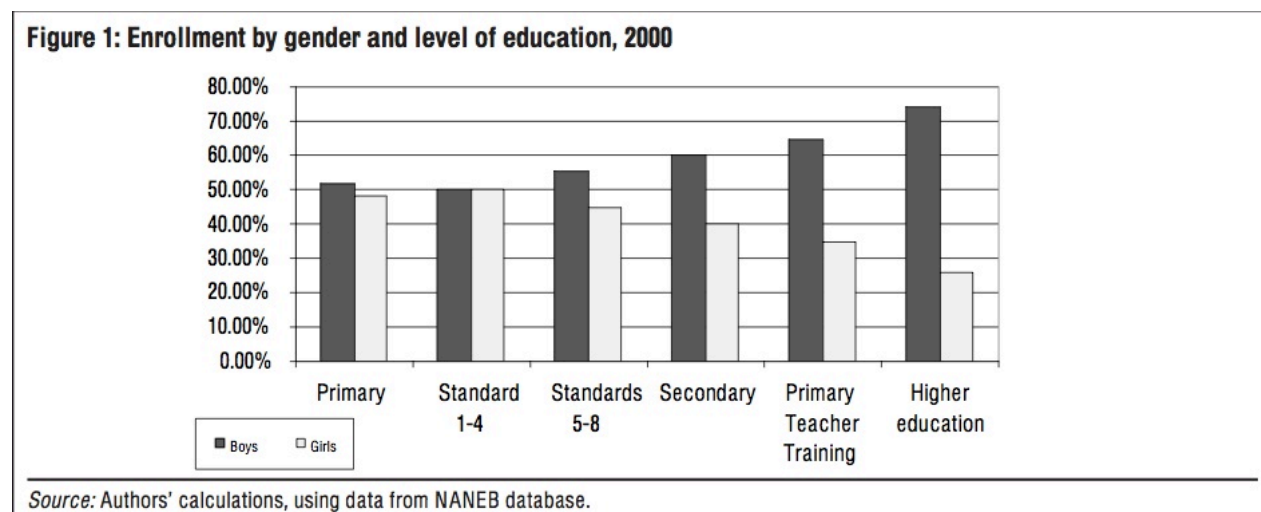


(Calculations of the author)

*Initial admissions to the overseas register (register for nurses trained abroad) recorded by the NMC UK (NMC UK 2005, 2006, 2007, 2008); statistical year from March till March, ¼ of admissions for 2001/2002 was added to the value for 2002/03 in order to balance out values for 2002. This is congruent with the numbers given by Ross et al. (2003) for the same year.

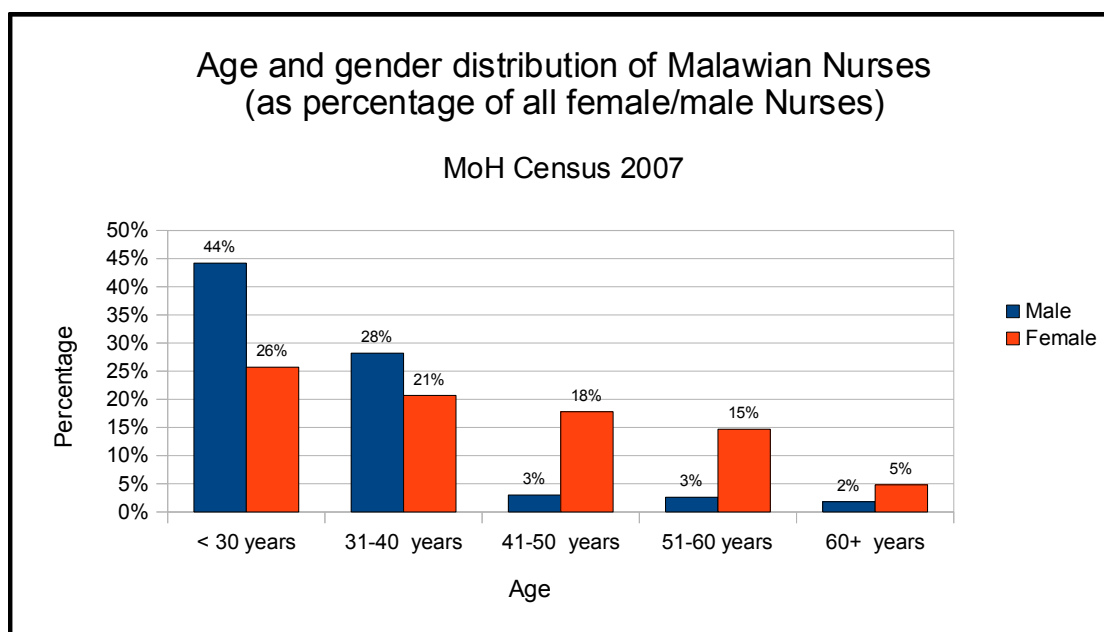
****NMCM Registration Office for “certificates of good standing”, 2004-2008 (These numbers reflect first registrations, found during a personal manual review and clearance of the respective NMCM register. Differences between this data and NMCM data cited in other studies are prone to double countings, renewals or repetitive applications).**

Annex Figure 3: Enrollment by gender and level of education in Malawi, 2000



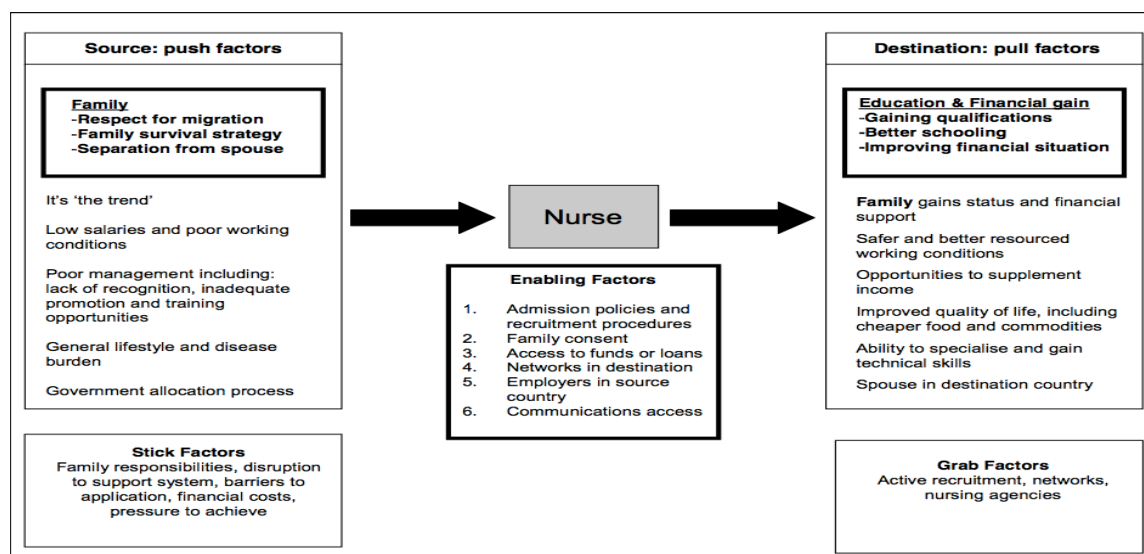
(Source: World Bank 2004, 6)

Annex Figure 4: Age and gender distribution of Malawian nurses in 2007



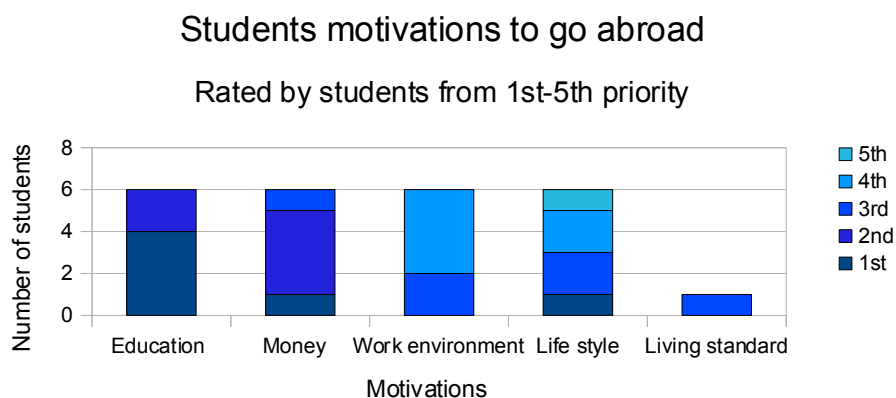
(Calculations of the author)

Annex Figure 5: Push- and pull-factor model of Malawian nurse migration



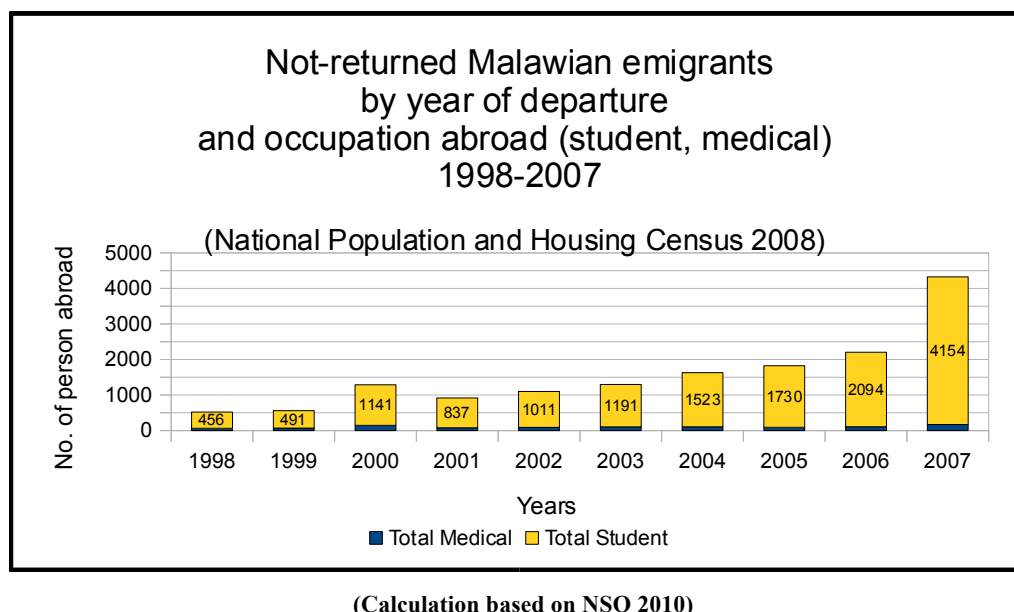
(Source: Grigulis 2010, 265)

Annex Figure 6: Students' priority motivations to go abroad (Workshop 5)



(Calculations of the author)

Annex Figure 7: Emigration of Malawians studying or working in medical professions abroad



Annex II: Research Forms and Guidelines

1) Consent Form

Migration intentions in the life-planning of nurse students in Lilongwe (Malawi)

You are invited to be in a research study of the intentions or wishes of young Malawian nurses to migrate after having finished their nursing studies. You were selected as a possible participant because you are a nurse student in Malawi and student at the college cooperating with the researcher.

We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Christiane Voßemer a student of the diploma study programme "International Development" from University of Vienna. This study will be part of her diploma thesis.

Background Information:

The purpose of this study is: To find out, if migration is of importance for the life-planning of the future generation of Malawian nurses and to highlight their respective reasons and arguments. The study wants to point to the factors important to understand migration intentions of this group in order to analyse their implications for the design of development and migration programmes to improve the retention and brain gain of nurses in the Malawian public health sector.

Procedures:

If you agree to be in this study, I would ask you to do the following things: To take part in a group discussion of a duration of 45 min to 1 hour which will be video or audio taped **and/or** To take part in a personal research dialogue of a duration of 1 hour to 1,5 hours approximately.

Risks and Benefits of being in the Study:

There are no foreseeable risks connected with the participation in this study. There will be no personal benefits connected with this research. The researcher aims at creating an indirect benefit, as their expectations and wishes in terms of personal and professional development as nurse will be highlighted towards Malawian health politicians, development workers and researchers.

Compensation:

There will be no monetary compensation for participation. Participants are provided drinks during the research sessions.

Confidentiality:

All records of this study (including tape recordings or videotapes) will be kept private. I will use short direct citations of recordings to underline or give examples for findings stated. I confirm that, in any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely and only researchers will have access to the records.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Kamuzu College of Nursing. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions:

You may ask any questions you have now. If you have questions later, *you are encouraged* to contact the researcher, Christiane Voßemer christiane-vossemer@gmx.de or her advisors Juliana Ilse juliana.ilse@gtz.de and Andrew Simwaka anksimwaka@kcn.unima.mw. If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher/advisors, *you are encouraged* to contact the College of Medicine Research & Ethics Committee of Malawi comrec@medcol.mw.

You will be given a copy of this information to keep for your records.

Statement of Consent: I have read the above information. I have asked questions and have received answers.

Signature of Participant: _____ Date: _____

Signature of Investigator: _____ Date: _____

2) Discussion Guide for Research Workshops

Time frame: 2,45h (2,30h; +15min)

Group size: 6-7 person

Preparations:

- Camera and microphones charged and checked!!, Laptop charged
- Flipcharts with questions and agenda
- Copies of hand-out forms and written exercise
- Materials (eddings, pens, tape, paper)
- Music for later
- Biscuits and drinks

Camera and microphones installed and tested!!

Check: flipcharts, chairs, air, snacks, material desk, atmosphere

Before starting... somebody wants to do a small PRAYER for us? (5 min)

1. Introduction (15 minutes)

A presentation of moderator/investigator (2)

My name is Christiane. I am a student from Vienna and I am about to write the final thesis in my study programme called „International Development“. Before going to university I studied occupational therapy in a technical college and worked for some month in different hospitals in Germany and in Chile (South America). After returning I took the decision to study for a university degree in the field of social sciences. During my university holidays I still use to work in holiday camps for children with disabilities. This is my first visit to Malawi and I am very glad that I could come here and spend some time with you, as I am very curious to get to know you a little, to exchange about what this profession you chose means to you and what you would like to reach with it for your future life.

B Presentation of research (3)

The focus of study are the motivations of young nursing students from Malawi to decide to work and live abroad. As all of you are nursing students, young, and all of you know many other nursing students I am consulting you as experts on this topic.

The results of this workshop will be a very important contribution to a better understanding of your situation by researchers and politicians and a chance for you to express yourself towards these actors. After these workshops I will talk to relevant politicians in Malawi. I will explain your attitudes and plans to them.

QUESTIONS? If any further questions concerning the research will pop up during the WS please feel free to address them to me after.

C Presentation of agenda (4)

During this workshop I want to invite you to share our opinions, experiences and life- plans. The workshop concepts is designed to avoid that anybody feels exposed personally: Personal questions will therefore mainly be addressed in an individual written exercise, which I will anonymize before any use for the study.

In the finalizing discussion round a few questions also address your personal ideas and plans. Everybody is encouraged to participate in this exchange of thoughts, but nobody should feel obliged to answer a question, he or she feels uncomfortable with. I commit myself to confidentiality about what is spoken and I would ask you – with respect to your colleagues - to do the same.

The agenda will be as follows (explain!) >>Agenda Flip

1. Introduction (15)
2. Introduction of the participants to the group (10)
3. Preparatory written exercise (10)
4. Discussions in small groups (20) ENERGIZER? (5)
5. Discussion in the whole group (30+)
6. 6. Evaluation(5)

As you can see there is plenty of space for your discussions. Please feel free to raise questions and make comments at any time (preferably in English, so I can understand). CLEAR?

D Taping and consent (6)

If you have any doubts on this workshop or the research you are always invited to address them to me – I will be thankful for your commentary! I count with the support of GTZ (a German organisation for Development Co- operation), who support my research stay here. I will share my findings with them, but I am responsible for this research.

If you have doubts you wish to address to my advisor, a neutral person or a member of COMREC you are also encouraged to do so. You will find the contact details on the consent form I will hand out to you in a minute. Before, I want to inform you that this workshop will be audio-taped and video-taped. The video-tape will only be used to localize who is saying what and to add information to the transcripts. The audio-tapes will be transcribed, respecting all rules of anonymity.

If you agree to participate in this workshop, please read and sign the consent form (english-chichewa) and hand over one form to me, one will stay with you. >>hand out consent forms and pens

2. Introduction of the participants (10/30)

Task: Please write your first name on the tape and stick it on your blouse. Than present yourself to the group, answering shortly the following questions.

Self-Presentation Questions: first name, age, favourite AND disliked thing about your profession, great wish for your future

Method/material: flip with self-presentation

3. Preparatory written exercise (15/45)

We will start this workshop with a short reflection everybody does by her or himself on her/his personal future life and migration.

It is meant to warm-up your thoughts on the topics we will be discussing later.

Please take a sheet and a pen, make yourselves comfortable and complete it by yourself.

>>Method/material: hand out questionnaires; pens put low music for good atmosphere

4. Discussion in small groups (30min/1,15); 8 minutes per task; "merry-go-round" method

- ⤴ split up in 3 groups of 2-3 people each
- ⤴ every group should choose one of the 3 flipcharts
- ⤴ discuss the question(s) on the paper
- ⤴ please make notes/minutes in keywords on the chart using eddings

- ⤴ The main things discussed should be noted on the chart for documentation, because after the time has passed every group will switch to the next poster and discuss the next issue.
- ⤴ The documentation of the former group can be a good starting point for discussion – you may comment on it, add items or discuss other subjects of importance to you with regard to the question.
- ⤴ Feel free to mark and link items using arrows, shafts, underlines or whatever

Questions (1. WS):

Motivations to CHOOSE NURSING as profession:

Why did we choose nursing as our profession? What was attractive to us about becoming a nurse? What did we want to reach for ourselves/ for others? Did we have role models? Which ones? Did we make the choice or did we follow the instruction of somebody else?

Motivations to GO ABROAD:

Please think of colleagues and relatives who plan to go abroad or who have already left. Who was it? What do you know or suspect about their motivations to leave? What attracted them? What were there plans abroad? Has there decision been driven by expectations of others? Did they already have relatives abroad?

Reflection on MIGRATION in Malawi:

What is good/bad about migration for Malawi(ans)? Which good effects does migration bring to Malawians who leave? Which good effects does it bring to Malawians who stay?

Which are negative consequences of migration? Where do you see dangers of migration for those who leave and those who stay?

Come together: ENERGIZER?! Shaking hit, Music Box or penguin-race (5min/1,20 min)

5. Discussion in the whole group (45 min/ 2,05h)

Clarify: I will basically be a moderator (open the discussion, list of speakers if needed, look at time, close discussion) and a facilitator (e.g. if you run out of questions I will try to reactivate the discussion; or if you loose the topic you were talking about I might bring you back to it).

Please have a look at the posters you were writing one by one. You can choose, with which one you want to start with and what you want to discuss. As we are small groups we will not need a chairperson. The leading question to which we should come back in times is: Are these motivations and thoughts important for you when thinking about migrating and future life?

Let group decide where to start...

Closing questions (20 min/ 2,25h)

How do you think politics (in Malawi; in other countries) should react to migration?

Which changes would you suggest to them concerning migration of nurses?

Evaluation and check list of names and contacts(10 min/2,35h):

- the tasks were clear - the moderation were clear - the topic was addressed appropriately - I felt free to say what I think about the topic - it was interesting to participate - I felt comfortable to be here

>>recommendations

- explain further procedures

THANK YOU FOR PARTICIPATION!!! Let's enjoy the dinner!

3) Introductory Questionnaire of Workshops

Reflecting on Future and Migration

My future plans...	
From December on I will (probably) be working in (hospital) _____ in (Department) _____ in (sector) _____	
After my studies I hope to do... (keywords)	
After my years of obligatory duty I hope to do... (keywords)	
...professionally (work/study):	
...in my private life:	
My favourite working place(s) (in nursing or beyond) would be (e.g. hospital+sector) _____ in (City, Department or Country) _____	
My favourite working area(s) (in nursing or beyond): _____	
Thinking about migration...	
What is your opinion about migration in general? (keywords)	
Would it be an interesting option for you to live abroad? Why or why not? (keywords)	
Imagine you had to decide right now whether to leave Malawi to live and work abroad or whether to stay...	
☛ Which questions would you ask yourself? / Which ideas come to your mind? (brainstorm)	
Whose advice will you hear? (make X behind every choice - multiple choice possible)	What does he/she say? What does he/she suggest to you?
Husband/wife, fiancé or boy/girlfriend	
Father/mother:	
Friends	
Other (please specify):	
☛ What would be your final decision (probably):	
Sex: f <input type="checkbox"/> m <input type="checkbox"/> age: _____ town/village AND department of origin: _____	
sec. school: _____ number of family members you grew up with: _____	
marital status: single <input type="checkbox"/> boy/girlfriend <input type="checkbox"/> engaged <input type="checkbox"/> married <input type="checkbox"/> children _____	

4) Interview Guide In-depth interviews

To be conducted btw. 24/11/2010 and 01/12/2010

(end of examinations and beginning of students' holidays)

Duration: 50 to 70min

Places: classrooms and private rooms of students on the KCN campus

Preparations:

- ⤴ call students; tell that interview will be on their life planning (more personal interviews); ask if they want to participate and agree on time + place
- ⤴ audio tape recorders recharged and set up
- ⤴ consent forms copied in case additional one will be needed
- ⤴ prepare profile of students based on questionnaires
- ⤴ prepare gifts (to be handed out after interview)

Before recording:

- ⤴ ask if students want me to sign an additional consent form (the one handed out in the workshops officially covers interviews)
- ⤴ reconfirm on time frame
- ⤴ explain that workshops were conducted to capture the (social) perceptions of nursing students as a group, meanwhile interviews will tackle life-planning and the (personal) importance of migration within this life-planning

Introduction:

This interview will focus your personal life and life-planning - what you want to do, achieve, avoid etc. in your life and which steps you want to take in order to make your life the way you like it to be, and which part migration plays in all that.

I will ask you different general questions, which seem important to me, but it will be up to you to choose, what you want to tell and what you focus on. You should not feel pressured to answer any question you are uncomfortable with.

Please try to be honest and realistic as the interview is not about dreams for your future, but about the objectives that you really want to pursue and that are really important for you.

To understand the background, in front of which you will develop your future life, my first question goes back into your past:

Can you tell me: How did you become the person you are today? How did it come, you are here today - a grown-up, independent, educated person?

Which events, which periods or moments in your life do you recall that have been important to make you the way you are?

Please tell me your story. Go back into your past as far as you think is important.

Concerning education:

It is not self-evident to go for higher education in Malawi.

How come YOU did? How come YOU went to secondary school and applied at

University? Was it challenging for you? Have you always been so decided about going further on in your education? What do you think why?

Did your brothers and sisters also decide to go for further education? Who paid university/ supported financially? And Why?

So let's come to your present and future now:

What is currently so important to you, in your life now, that you want it to be an important part of your future life as well? (examples: people (e.g. family, partner); activities (e.g. sport or religious activities; occupation/studies)

What do you miss currently, that you want to achieve for your future or that you want to strengthen or prioritize more in future?

What should be the fundamentals to build your future on? Please explain.

(Remark: these questions were very abstract and needed to be rephrased frequently. In several cases they were skipped or introduced differently: after students explained their plans for the next years I would summarize them and ask if there are further issues then the mentioned ones, thereby completing the picture bit by bit...)

(summarize) >>...Does this sum up what is important to you for your future life? What else will be important for you?

Probably only God knows what is going to come in future, but we all make decisions that guide us into one direction or another direction...

>> Which steps do you plan to take in your near future (next 1-2 years) to further what is important for your life?

>> Do you think – if you try to be as realistic as possible – that you will achieve these things in your future life? Where might be difficulties?

(this question was skipped after the second interview because students would already reflect on possible difficulties when talking about their plans; the question itself was not productive, as students did not perceive this to be in their hands; they would refer to god and to their hope that their plans would fulfil)

Professional experience

Are you looking forward to the next years of practise here in Malawi, in (name of hospital applied for)?

Do you think you will find the professional experience you are seeking here in Malawi?

Social Expectations

Thinking of expectations others have in you, concerning how you should become, how you should live and what you should do in your future?

Will it be possible to confer to the expectations of these people without going abroad? (if applicant)

Where do you see conflicts arising (concerning going abroad)?

Could you achieve what is essential for your future... ...without going abroad (for a while)?

What would be your priorities for a stay abroad?

Do you think it would be rather good for your personal development or rather challenging?

Do you think you will like it? Could you imagine to settle there?

What would you want to achieve before thinking of going back home?

(additional questions) You personally...

In the workshops you mentioned that ... is important for you How do you want to pursue this goal?

What do you think you YOURSELF need (most) to lead a happy life and to be satisfied with this life?

Could you achieve what is essential for your future...

...without doing a master?

What exactly is important for you/ what do you hope to achieve for yourself with a master? (personal and your professional objectives) When do you want to do the master?

Which alternatives do you see to promote your professional objectives if you had difficulties to enter a master soon?

Could you achieve what you want from life...

...without marrying?

Could you imagine...To go abroad and risk relationship here? To go abroad and risk finding a Malawian husband? Not going for masters to be able to join your boyfriend/future husband? Yourself as a single lady?

Closing:

Hand over gift

Ask for mail and phone contact in case of further questions

Could you imagine...To go abroad and risk relationship here? To go abroad and risk finding a Malawian husband? Not going for masters to be able to join your boyfriend/future husband? Yourself as a single lady?

Annex III: Summaries

1) English Summary

The international migration of nurses from Malawi constitutes one important factor in the country's human resources for health crises, which has been a major concern of the Malawian Ministry of Health and its development partners throughout the past decade. This thesis explores the biographic aspects of migration intentions among young nursing graduates, guided by the following study questions: How far are migration intentions relevant to the life planning of students with a degree in nursing? Which collective experiences and ideas of migration, which life scripts and self-identities explain this relevance? Which consequences arise from these findings for the design of development policies to improve the retention of nurses for the Malawian health system and the *brain gain* from nurses' migration?

From a micro-sociological approach to migration and life planning, empirical data was collected on behalf of an exploratory research using qualitative research methods. The grounded theory methodology (Glaser and Strauss 2005) was applied as a framework to structure the research process and analyse the data. The writer of this study performed all data collection in English language.

The study traces and clarifies the biographic anchors of young nursing graduates' migration intentions in their professional-, partnership- and family-related life projects. At the same time it analyses the interactions between migration prospects and biographically guiding religious and ethic concepts of life, social images of migration as well as the individualized, emancipative and globalized self-identities.

Migration was found to constitute an essential element of most students' life plans, connected with ideas of professional career, gender empowerment, individualization and modern life styles that insert migration into their overall biographic perspective as a *rite of passage* to obtain an elite position in the Malawian society. The graduates' biographic migration projects are grounded in self-identities that emphasize the personal entitlement to make individual choices, pursue ambitious life plans and access globally available resources. By contrast, the current conditions of the Malawian health system, the working conditions of nurses as well as constellations of social roles are perceived as fundamental barriers to realize the individual professional and private life plan.

At the same time the students' narratives of migration and successful return reflect the (post)colonial symbolic capital of migration, personal membership aspirations to global and local communities of privilege as well as ethical bonds of family solidarity and reciprocity.

A high migration potential among the young nursing graduates is to be expected from the study findings. However, potentials for their retention in, respectively their return to the Malawian health system were identified as well: A strong sense of affiliation to nursing and the health sector, an appreciation for the available continuous training opportunities and positive ideas about a future life in Malawi. The concluded suggestions to improve the retention of young nursing graduates concern the access to further (academic) training and professional development, the political consideration of the empowerment aspect of migration and the facilitation of informed migration decision-making. An active political approach to measure and address migration is proposed, in order to promote successful temporary migration and return mobility in international partnership with development cooperation and major destination countries.

2) German Summary

Ein schwerwiegender Mangel an Gesundheitsfachkräften stellt die malawische Regierung und ihre Partner in der Entwicklungszusammenarbeit vor große Herausforderungen. Die starke internationale Migration von malawischen Krankenpfleger_innen im letzten Jahrzehnt wird als eine wichtige Ursache dieses Fachkräftemangels angesehen. Diese Arbeit betrachtet die biographischen Dimensionen der Migrationsabsichten unter jungen Student_innen der Krankenpflege, mit Hinblick auf folgende Fragestellungen: Inwieweit sind Migrationsabsichten von Relevanz innerhalb der Lebensplanung von Krankenpfleger_innen mit Universitätsabschluss? Welche kollektiven Erfahrungen mit sowie Anschauungen über Migration und welche Lebenskonzepte und Selbstverständnisse erklären die biographische Bedeutung von Migration? Welche Konsequenzen erwachsen aus den Ergebnissen für die Konzeption entwicklungspolitischer Ansätze zur Förderung des Verbleibs von Krankenpfleger_innen im malawischen Gesundheitssystem und zur Stärkung des *brain gain* durch Migration von Pflegefachkräften?

Vor dem Hintergrund einer mikrosoziologischen Herangehensweise an Migration und Lebensplanung wurden im Rahmen einer explorativen qualitativen Studie empirische Daten erhoben. Die Strukturierung des Forschungsprozesses und die Analyse der Daten erfolgte weitgehend nach der Grounded Theory Methodologie (Glaser und Strauss 2005). Die Datenerhebung wurde von der Autorin in englischer Sprache durchgeführt.

Die Studie beleuchtet die biographischen Verankerungen von Migrationsabsichten in den professionellen, familiären und partnerschaftsbezogenen Lebensprojekten der graduierenden Pfleger_innen und analysiert Bezüge ihrer Migrationswünsche zu ethischen und religiösen Leitlinien des Lebensentwurfs, sozialen Ansichten über Migration sowie den eigenen emanzipativen, globalisierten und individualisierten Selbstkonzepten.

Die Ergebnisse der Studie weisen auf eine zentrale Rolle von Migration in der Lebensplanung der Student_innen hin. Migration wird assoziiert mit beruflicher Karriere, modernen und individualisierten Lebensstilen sowie der Emanzipation von Gender-Rollen und ordnet sich in die allgemeine biographische Perspektive als ein Übergangsritual ein, das Zugang zu einer gehobenen Stellung in der malawischen Gesellschaft sicherstellen soll. Die Migrationsprojekte fußen auf ehrgeizigen Selbstkonzepten der Student_innen, in denen dem Anspruch auf individuelle Entscheidungsspielräume, der Verwirklichung ambitionierter Pläne und dem Zugang zu globalen Ressourcen besondere Bedeutung zukommt. Die Ausgangsbedingungen des malawischen Gesundheitssystems, die Arbeitsbedingungen von Gesundheitsfachkräften aber auch gesellschaftliche Rollenzuschreibungen werden hingegen als fundamentale Hindernisse in der Verwirklichung des professionellen und privaten Lebensplans wahrgenommen. Gleichzeitig reflektieren ihre Erzählungen über Migration und erfolgreiche Rückkehr das gesellschaftliche (post)koloniale symbolischen Kapital von Migration, das persönliche Streben nach Zugehörigkeit zu einer privilegierten Oberschicht in der globalen und der lokalen Gesellschaft sowie die soziale Verbundenheit der Studierenden durch Werte der familiären Solidarität und Reziprozität.

In den Studienergebnissen wird ein hohes Migrationspotential unter jungen Student_innen der Krankenpflege sichtbar. Gleichzeitig kommen jedoch auch Potentiale für ihren Verbleib bzw. eine Rückkehr in das malawische Gesundheitssystem zum Ausdruck: Ein starkes Zugehörigkeitsgefühl zu den Berufsfeldern Krankenpflege und Gesundheit, die Wertschätzung von verfügbaren Fortbildungsangeboten und positive Vorstellungen von der eigenen Zukunft in Malawi. Ausgehend von diesen Ergebnissen wird empfohlen den Verbleib junger Krankenpfleger_innen dadurch zu erleichtern, dass der Zugang zu Weiterbildung und beruflichem Aufstieg erweitert, Empowerment Aspekte von Migration gefördert und Informationen zur Stärkung fundierter Migrationsentscheidungen bereitgestellt werden. Schließlich wird eine aktive Migrationpolitik angeregt, welche die Erhebung von Migrationsdaten sowie die Förderung erfolgreicher temporärer Migration und Rückkehr einschließt und in internationaler Partnerschaft mit der Entwicklungszusammenarbeit und den Hauptzielländern von Krankenpfleger_innen vorangetrieben wird.

CURRICULUM VITAE

■ PERSÖNLICHE DATEN

Name	Christiane Voßemer
Geboren am	20.02.1980
Geboren in	Frankfurt am Main

■ STUDIUM

HAUPTSTUDIUM **Diplomstudium „Internationale Entwicklung“**
Hauptuniversität Wien, seit WS 2005/06
(1. Diplomzeugnis: *„Mit Auszeichnung bestanden“*)

Studienschwerpunkte:
- *Migrationsforschung*
- *qualitative Entwicklungsforschung*
- *Konfliktforschung*

AUSLANDSSTUDIEN Kamuzu College of Nursing, Lilongwe/ Malawi im WS'10/11
(*Forschungsaufenthalt im Rahmen eines GTZ-Praktikums*)

Institute d'Études Politiques, Lyon/ Frankreich im SS'09
(*ERASMUS Stipendium; Politikwissenschaften*)

Universidad Nacional de Colombia, Bogotá/ Kolumbien im WS'07/'08
(*Joint Studies Stipendium; Sozialwissenschaften*)

Universität zu Köln/ Deutschland im SS'05
(*Regionalwissenschaften Lateinamerika*)

WISSESCHAFTLICHE Werkstudentin: Lehrstuhl „Transdisziplinäre Entwicklungsforschung“, SS'08

HILFSTÄTIGKEITEN Tutorin: „PS Geschichte der Nord-Süd Beziehungen“, SS'07 & SS'08
und in der „AG Internationale Entwicklung“, WS'08/'09

Co-Autorin: Novy A./ Beinstein B./ Voßemer C. 2008. 'Methodologie transdisziplinärer Entwicklungsforschung.' *Texte zur transdisziplinären Entwicklungsforschung und Bildung*. Nr. 2 (2008), Wien: Paulo Freire Zentrum.

■ SCHULISCHE UND BERUFLICHE AUSBILDUNG

2000–2003 Ergotherapieschule im evangelischen Waldkrankenhaus, Berlin
Staatlich geprüfte Ergotherapeutin (Abschluss: 1,3)

1999–2000 Leibnizkolleg, Tübingen
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